SHROPSHIRE EDUCATION COMMITTEE

School Health Service

REPORT

OF THE

Principal School Medical Officer

1968

COUNTY HEALTH DEPARTMENT, SHIREHALL, SHREWSBURY
MAY, 1969

INDEX

To The Chairman and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Principal School Medical Officer for the year 1968.

The various activities of the School Health Service were continued satisfactorily during the year.

The first year of the four-year programme of dental staffing came into operation at the beginning of April; at the end of the year 72.5% of the posts on the establishment of a total of 12 dental officers were occupied. This showed an increase of 5% over the previous year and was the highest level since 1963.

Despite the improvement in the dental staff position, the service is still providing emergency treatment only in many parts of the county. The School Dental Service should be based on regular inspections of the teeth of the children, followed by the appropriate treatment. Unfortunately, owing to the high incidence of dental caries, this is not possible as the service is fully committed to dealing with acute dental conditions. The only chance of improvement in this situation in the foreseeable future is if there were fluoridation of the water supplies throughout the county. The cost of doing this would be outweighed by the savings made on the dental service and the distress and misery at present experienced by the children.

Throughout most of the year the establishment of the Speech Therapy Service of one senior speech therapist/audiologist and 5 speech therapists was full. It proved possible to extend the network of speech therapy clinics throughout the county and to increase the time which this branch of the service devotes to children in special schools.

In September another week-end course for the parents of hearing impaired children was organised. Early diagnosis and the prompt initiation of skilled help as soon as possible are the two factors that have emerged as being of the utmost importance in recent years. The help that is required may be of several different kinds—medical, social or educational. In the case of the hearing impaired child, the parents can play a large part in helping to develop their child's speech and to make the most of any residual hearing; if they are given an insight into the causation of

impaired hearing, if normal speech development is explained to them, together with what happens in the case of a child with a hearing loss, they are in a position to give considerable help to their children. On this course, lectures were as follows:

"Aims of the Course" (County Medical Officer of Health).

"Some Common Misconceptions about Deafness" (E. N. Owen, F.R.C.S., Consultant Otolaryngologist, Shrewsbury Group Hospital Management Committee).

"The Audiology Service" (E. Paulett, L.C.S.T., Dip.Aud., Audiologist/Senior Speech Therapist, Salop County Council).

"The Hearing Impaired School Leaver" (The Rev. G. C. Firth, M.A.).

"Facilities in and out of the County for Partially Hearing Children" (W. I. Dobson, B.A., Assistant Chief Education Officer, Salop County Council).

"The Hearing Impaired School Child" (E. Brown, B.A., Headmaster, Needwood Residential School, Rangemore Hall, Burton-on-Trent).

"Parent Guidance" (Mrs. N. H. Moseley, M.Ed., Lecturer in Education of the Deaf, Manchester University).

It was particularly encouraging for all participants—both parents and officers alike—to know of the keen interest of the members of the Education Committee and particularly to have the pleasure of the company of Dr. Hamar (who took the Chair on the first day) and Mrs. Marsh (Chairman of the School Health and Welfare Sub-Committee of the Education Committee).

The Audiology Service developed by the county is now an extensive and comprehensive one. A considerable amount of in-service training has been carried out and the audiology team now comprises 7 medical officers, 20 health visitors, 1 audiologist and 2 audiometrician/vision testers. A film illustrating the activities of the audiology service was made; it will be used for instruction and educational purposes. It is a colour film and members of the Committee will have had an opportunity of seeing it. It has been used for instructional purposes for our own staff and requests for it to be shown to other local authorities are constantly being received.

In my introduction last year I mentioned the pilot scheme that had been started in the Bridgnorth area using a questionnaire to select school children in the intermediate age group for medical inspection. This, as anticipated, proved extremely successful and has since been extended to cover the whole of the county. It means that the children are examined for a specific reason and as such it is a consultative medical examination, the parents attending more frequently than before, having a particular problem which they wish to discuss with the doctor. In addition this new approach provides fresh stimulus to the school doctor.

Reference to 1968 would be incomplete without a brief reference to two important documents that were published in July, the Green Paper and the Seebohm Report. The Government have not made known their recommendations yet regarding these reports although the Secretary of State for the Department of Health and Social Security has intimated that he has other ideas for the reorganisation of the Health Services. Whatever changes are instituted in the future the trend will undoubtedly be towards unification for both medical and social services. There may be much to be gained from future change but it is important that the benefits which have been gained from the close co-operation that exists between the education and health departments must be retained.

Dr. W. G. Rhys-Jones took over as the Senior Medical Officer in charge of the School Health Service in June. He has settled in well and is responsible for the routine administration of the service. I would like to thank him particularly for his able and invaluable help in all matters affecting the health of our school population.

I have the honour to be

Your obedient Servant,

PHILIP C. MOORE,

PRINCIPAL SCHOOL MEDICAL OFFICER

County Health Department,
The Shirehall,
Abbey Foregate,
SHREWSBURY.
(Telephone No. Shrewsbury 52211).

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WEDGE, T.
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WILLIAMS, A. C.

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RAY, MISS A. D., J.P.
STORRAR, MRS. R., J.P.
UNITT, W. B.
WELCH, VERY REV. CANON T. A.
WHITEFORD, W. C.

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WEDGE, T.

MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer:

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H.

Deputy Principal School Medical Officer:

*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H. (Retired 7th September, 1968)
ERIC J. H. FOSTER, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. (Appointed 7th October, 1968)

Senior Medical Officer:

WILLIAM G. RHYS-JONES, M.A., B.M., B.Ch., D.P.H. (Appointed 1st July, 1968)

School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (part-time)
AGNES D. BARKER, M.B., Ch.B. (part-time)
MICHAEL C. BATCHELDOR, M.B., B.S., D.P.H. (Appointed 1st February, 1968)
*JOHN BURROWES, M.B., B.Ch., B.A.O., D.P.H. (Resigned 31st October, 1968)
*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
ELIZABETH J. CARTER, M.B., B.S. (part-time)
SHEILA M. G. CROSLAND, M.B., B.S., D.P.H. (part-time)
MARGARET DAVIES, M.B., Ch.B. (part-time)
ISABELLA L. H. HEWLETT, M.D., B.S., M.R.C.P., M.R.C.S. (part-time)
JOHN C. HINCHLIFFE, M.B., Ch.B., D.P.H.
MARY P. K. HINCHLIFFE, M.B., Ch.B., D.P.H. (part-time) (Appointed 10th June, 1968)
*KENNETH E. JONES, M.B., Ch.B., D.P.H.
IONA LLYWARCH, M.R.C.S., L.R.C.P. (part-time)
FLORA MACDONALD, M.B., B.S., D.P.H. (part-time)
*ALISTAIR COLIN MACKENZIE, M.D., Ch.B., D.P.H.
*DOUGLAS R. MCCAULLY, M.D., B.A., B.Ch., B.A.O., D.P.H. (Resigned 31st August, 1968)
MYRTLE E. MITCHELL, M.B., B.S. (part-time) (Appointed 27th May, 1968) (Resigned 30th November, 1968)
MURIEL NANKIVELL, M.B., Ch.B. (part-time)
*ALICE N. O'BRIEN, M.B., Ch.B., D.P.H.
ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (part-time)
AUDREY ROSS, M.B., Ch.B. (part-time)
JOAN P. H. THOMPSON, M.R.C.S., L.R.C.P. (part-time)
*MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.
SUSAN E. WALTON, M.B., Ch.B. (part-time)
ELIZABETH A. WELTON, M.B., Ch.B. (part-time) (Resigned 31st May, 1968)
ROGER D. WILLCOCK, M.B., B.S. (Appointed 18th November, 1968)

Principal Dental Officer:

CHARLES D. CLARKE, L.D.S.

Area Dental Officer:

ROGER A. HEESTERMAN, B.D.S. (Appointed 1st October, 1968)

Senior Dental Officers:

NOEL GLEAVE, L.D.S.
PERCY J. JARRETT, B.D.S.
DAVID A. PRICE, B.D.S.
GEORGE B. WESTWATER, L.D.S.

Dental Officers:

Whole-time:

JOYCE K. GOODALL, B.D.S. (Resigned 14th August, 1968)
JANCIS M. SCARBOROUGH (Née MORLEY), B.D.S. (Appointed 15th July, 1968)

*Also District Medical Officer of Health

Dental Officers:

Part-time:

ALEXANDER J. LAVELLE, L.D.S., R.F.P.S.
GEOFFREY G. FIELD, L.D.S. (Resigned whole-time 31st July, 1968) (Appointed part-time 2nd December, 1968)
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S.

Consultant Orthodontists (part-time):

BRIEN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

Anaesthetists (part-time)

IRENE L. CLARKE, M.B., Ch.B., D.Obst.R.C.O.G. (part-time) (Appointed 13th November, 1968)
MICHAEL ELDER, M.B., B.Ch.
JOHN P. GILES, M.R.C.S., L.R.C.P., D.A., D.Obst.R.C.O.G. (Commenced 1st April, 1968)
HENRY A. JOHNSON, M.B., Ch.B., M.R.C.S., L.R.C.P.
JAMES J. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S.
FREDA WHITNEY, M.B., Ch.B.

Dental Technicians:

NORMAN J. RUSHWORTH
CLIVE EVERINGHAM

Apprentice Dental Technician:

MARK J. DAVIES

Dental Auxiliaries:

SUSAN J. HEBDON
JUDITH C. BISHOP

Dental Hygienists:

ELAINE F. COPPEN (Appointed 22nd May, 1968)
NANCY SMITH (Resigned 30th September, 1968)

Consultant Children's Psychiatrist (part-time):

DAVID R. BENADY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

Educational Psychologists:

JOHN L. GREEN, B.A.
DAVID R. JONES, B.Sc. (Hons.), Teacher's Diploma
MARGARET THOMAS, B.A. (part-time)
MAURICE B. WALTERS, B.Sc., Dip.Ed.Psych.

Senior Psychiatric Social Worker:

BRIDGET C. DOWNER, Diploma in Social Studies (London), Certificate in Psychiatric Social Work (Edinburgh)

Child Guidance Social Workers:

BETTY BOYCOTT, Social Science Diploma (London)
RITA M. GARRARD, Social Science Diploma (London) (Resigned 31st December, 1968)
ROSEMARY CORFIELD, B.A., Certificate in Social Science (Liverpool)

Audiologist/Senior Speech Therapist:

EDWARD PAULETT, L.C.S.T., Dip. Aud.

Audiometrician/Vision Testers:

ROSAMUND K. FLOOK (Appointed 4th June, 1968)
JOAN ROBINSON

Speech Therapists:

Maureen B. Avison, L.C.S.T. (Part-time) (Appointed 23rd September, 1968)
Margaret D. L. Blackmore (Née Pearce), L.C.S.T.
Elizabeth M. Caswell, L.C.S.T.
Pamela K. Evans, L.C.S.T. (Resigned 2nd December, 1968)
Cynthia M. Maughan, L.C.S.T. (part-time) (Resigned 31st December, 1968)
Rosemary Moorcroft, L.C.S.T.
Cynthia D. Pedley, L.C.S.T. (part-time) (Resigned 31st July, 1968)
Marjory M. Sheldon, L.C.S.T. (part-time)

Physiotherapists:

Clarice D. E. Duffy (part-time)
Anne Guy (part-time)
Denise B. Woods

Consultant Chest Physician (part-time):

Arthur T. M. Myres, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.

Health Education Officer:

Harry Harris

Health Education Lecturer (part-time):

Jean M. Owen

Report for the year 1968

GENERAL

The area covered by the Local Education Authority comprises 862,482 acres; and in June, 1968, the home population, as estimated by the Registrar-General, was 327,530, an increase of 1,520 compared with 1967.

The number of pupils on the school register in September, 1968, was 52,224 compared with 50,840 in September, 1967.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools:

	Schools	*Departments*	*Pupils on Register*
Non-Residential:			
Nursery Special School	1	1	34
Nursery	3	3	120
Primary (County)	85	85	17,039
Primary (Voluntary)	146	146	14,087
Secondary Modern (County)	25	25	10,726
Secondary Modern (Voluntary)	2	2	872
Secondary Grammar (County)	8	8	4,041
Secondary Grammar (Voluntary)	5	5	1,847
Comprehensive (County)	4	4	3,063
Residential:			
Secondary	1	1	130
Special	3	3	195
Hospital	1	1	70
TOTAL	284	284	52,224

The table below shows the establishment of principal posts in the School Health Service and the staffing position at 31st December, 1968:

	Establishment	*Staff at 31st Dec., 1968*
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
Senior Medical Officer	1	1
Administrative Medical Officer	1	1
School Medical Officers—whole-time	12	3
—part-time		19
Principal School Dental Officer	1	1
Area Dental Officer	1	1
Senior Dental Officers	4	4
Dental Officers —whole-time	6	1
—part-time		4
Dental Auxiliaries	4	2
Orthodontists—whole-time	1	—
—part-time		2
Dental Hygienist—whole-time	2	—
—part-time		1
Dental Technicians	2	2
Apprentice Dental Technician	1	1
Senior Dental Surgery Assistant	1	1
Dental Surgery Assistants—whole-time	13	10
—part-time		1
Audiologist/Senior Speech Therapist	1	1
Speech Therapists—whole-time	5	3
—part-time		2
Physiotherapists—whole-time	2.5	1
—part-time		2
Audiometrician/Vision Testers	2	2

Inclusive of the Principal School Medical Officer and his Deputy, the total medical staff undertaking all School Health Service duties, including administrative work, on 31st December, 1968, was equivalent to approximately 6.5 whole-time officers.

The nursing staff employed in the School Health Service at the end of 1968 was 5 whole-time and 12 part-time School Nurses, while part-time service was also rendered by 21 full-time Health Visitors and 20 District Nurse-Midwives who were employed by the Local Health Authority.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Section 48 of the Education Act, 1944, requires the Local Education Authority to provide for the medical inspection, at appropriate intervals, of all pupils in attendance at maintained schools, including County Colleges. This Section also requires parents to submit their children for such inspection when so requested by an authorised officer of the Authority.

Under the National Health Service Act, 1946, children can receive treatment from medical practitioners who have contracted with the Local Executive Council to provide general medical services; and children found on examination by a School Medical Officer to be suffering from any defect are, save for certain agreed conditions, referred to their own doctors. Such pupils are followed up by the School Nurses and any necessary specialist advice or treatment is arranged either through the family doctor or directly with one or other of the hospitals in the area of the Birmingham Regional Hospital Board, as listed on page 15.

In 1968 selective medical inspections were introduced at all Secondary schools in the County. The procedure is as follows: The parent of each pupil due for examination in the 11 year age group is asked to complete a questionnaire giving information relating to the child's general health, medical history, progress, etc., and only those children selected on the basis of information provided in the completed questionnaires are given routine medical examinations. The revised scheme means that less time is devoted to routine examination and more attention given to the individual pupils requiring it. The general reaction of Medical Officers and teaching staff has been favourable.

In addition to selective medical inspections the following inspections are carried out:

(i) *Routine Inspections:*

Routine medical examinations are carried out of pupils in three age groups (*a*) Entrants—on admission to school, usually 5 years, (*b*) Intermediates—where too old for inclusion in 11 year selective scheme, and (*c*) Leavers—at approximately 14 years.

There were approximately 52,000 pupils on the School Register in 1968 and of this total 11,646 were examined for routine medical inspection purposes. Vaccinations, immunisations, health education talks, audiology and cytology are making increasing demands upon the Medical Officers, whose time for routine medical inspection purposes is proportionately reduced.

(ii) *Special Inspections and Re-examinations:*

In addition to the inspection of pupils in the three age groups mentioned in Section (i) above, special examinations are made of pupils referred on account of defects by Head Teachers or School Nurses, including children who are in need of special educational treatment. Annual re-examinations are also made of children found to have a defect requiring observation.

The numbers of pupils examined as specials and re-examinations in 1968 were 1,598 and 9,731 respectively, making a total of 11,329 examinations.

In some schools, accommodation available for medical inspections is by no means ideal and occasionally, due to overcrowded conditions, it is necessary to carry out the inspection in adjacent village hall premises. Throughout the County the teaching staff are very co-operative with the Health Department. Medical Officers are allocated a special session each month in order to visit schools in their area to maintain regular contact with teaching staff and to give any advice and guidance in regard to pupils with special problems. Teachers have expressed their appreciation of these special visits which are serving a very useful purpose.

In general the routine medical inspection results were satisfactory and the nutrition figure which attained 100% in 1961 has since remained at that level.

Dr. E. Capper, School Medical Officer, comments on school medical inspections as follows:

"The chief importance lies in observing the progress of both normal and handicapped children from infancy up to school leaving age and seeing how they, their parents, and the schools cope with the problems which arise.

A school nurse, who is also the health visitor for the area, is invaluable in helping to form a link between home and school and hence it is important that she herself should be present at routine inspections".

Treatment of Eye Conditions.—In September, 1968, an improved form of vision testing by means of a self-contained portable vision screener was adopted for use in the County in connection with school medical inspection. This apparatus, occupying table top space, is specially designed for easy and rapid use and a complete screening (for both literate and illiterate children) including near, distance and colour vision, eye co-ordination and muscle balance for actual and latent squint, can be carried out in a few minutes. The vision screener guarantees uniform conditions of lighting and dispenses with the necessity of having a room long enough for traditional distance vision testing. The latter is an important advantage since in many of the older Primary schools the School Nurse has had to carry out distance vision tests under very variable conditions.

It was considered from the point of view of economic deployment of technical and clerical staff, that the vision and hearing screening services should be combined into one comprehensive service. This would ensure that both vision and hearing tests are carried out in close association with routine medical inspections and recent testing results in both categories would thus be available to the examining Medical Officer.

Due to financial circumstances only two instead of the required three Audiometrician/Vision Testers were made available and as a compromise Primary schools only were included in the combined scheme. Until a third Tester is appointed School Nurses will continue to carry out the vision testing in Secondary schools. The scheme has proved very satisfactory and there is now a greater uniformity in the vision testing results. Children considered to require ophthalmic treatment are referred by the School Medical Officer either to an Ophthalmic Optician or where necessary to an Ophthalmic Consultant. School Nurses carry out regular follow-up visits to schools and homes to ensure that treatment is in fact obtained for such school children and that spectacles are being worn in cases where they have been prescribed.

Vision is tested at 5, 7, 11 and 14 years but all pupils suffering from defective vision are seen by the School Medical Officer at annual re-examinations as mentioned in Section (ii) above. Special attention is paid to children suspected to be suffering from squint and Ophthalmic Consultants stress that referral at an early age is essential to guarantee satisfactory results after treatment. Colour vision is tested at the age of 11 years.

During the year, 6,245 children were dealt with for defective vision or other eye conditions, 5,520 being referred to Ophthalmic Medical Practitioners or Ophthalmic Opticians, and 725 being treated by Ophthalmic Consultants at the Shrewsbury Eye, Ear and Throat Hospital and Bridgnorth and South Shropshire Infirmary.

Of the 13,244 pupils examined by School Medical Officers, 41 were noted as having had squint operations during the year and 90 to be receiving orthoptic exercises; 56 other pupils were referred for specialist treatment on account of squint and 250 were noted for observation for the same condition.

Defects of Ear, Nose and Throat.—With the exception of visual defects and skin conditions, Medical Officers referred for treatment more children suffering from ear, nose and throat defects than for any other single cause. Of the 13,244 pupils medically examined, 68 were referred to the Ear, Nose and Throat Specialist during 1968 and another 817 were noted for observation on account of tonsil and adenoid conditions.

Operations for the removal of tonsils and adenoids were performed on 407 Shropshire school children in hospitals of Nos. 15 and 16 Hospital Management Committee Groups.

Orthopaedic Defects.—There are seven Orthopaedic After-Care Clinics in Shropshire attended by an Orthopaedic Specialist and an Orthopaedic Nurse.

During 1968, of 13,244 pupils medically examined by the School Medical Officers, the following were noted as suffering from varying degrees of orthopaedic defects and referred to the Orthopaedic Surgeon where treatment was considered necessary.

	Treatment	*Observation*
Posture	6	118
Feet	53	457
Other Conditions	23	260

Defects of posture or feet account for an appreciable number of orthopaedic defects. Postural defects usually respond to corrective exercises at school and advice is given by Medical Officers on choice of suitable footwear.

Care of Feet.—During 1968 the County Chiropodists carried out 18 routine foot inspections (14 in Secondary Schools and 4 in Primary Schools) involving 6,117 pupils; 273 cases of verruca (71 already having treatment and 202 which had not been diagnosed) were discovered. In addition, the Chiropodists found 106 cases of suspected Athlete's Foot (24 under treatment and 82 undiagnosed) together with 419 other foot conditions.

Head teachers are asked to report any cases of suspected verruca occurring amongst pupils in their schools in order that they may be seen and treated by the Chiropodists.

Children found on inspection to have verruca are excluded from swimming, showers and participation in bare foot physical education until the condition has been treated and cured.

Particular attention is paid in schools to the most likely spots for the spread of infection, e.g. gymnasium floors, swimming baths, etc., and these are disinfected.

Diseases of the Skin.—Of the 13,244 pupils medically examined by the School Medical Officers 116 required treatment for skin conditions and 411 were noted for observation. The numbers of Shropshire school children known to have been treated during 1968 for diseases of the skin (other than of the feet) are indicated below:

Ringworm—scalp ..	1
—body ..	9
Scabies	52
Impetigo	22
Other skin disease ..	34
TOTAL ..	118

Treatment of Minor Ailments.—Most of the conditions which could be seen at Minor Ailment Clinics are dealt with by the family doctor. Some minor ailment clinic facilities are in fact still offered at child health clinics.

At the "School Nurse" session and the "School Doctor" sessions at Bridgnorth, Oswestry and Wellington Child Health Centres, 99 children made 110 attendances in 1968. Examinations by the School Doctor totalled 48 and 18 of the children were referred to their own doctor.

Convalescence.—On the recommendation of School Medical Officers and the Consultant Children's Psychiatrist 14 pupils were provided with free holiday convalescence during 1968 (usually of a fortnight's duration). If a fairly long period of convalescence is required, the child is regarded as a delicate pupil and placed in an Open Air School.

Cleanliness Inspections.—School Nurses carry out routine inspections for verminous infestation of pupils in all Primary Schools, follow-up inspections being made of pupils found to have nits or lice. Such inspections in Secondary Modern and Grammar Schools are now arranged only at the request of the Heads.

During 1968, a total of 90,403 head inspections was carried out by the School Nurses, and of the 37,410 pupils on the registers of schools inspected, 659 children were found to be verminous, some on more than one occasion. This represented a figure of 1.8 per cent of the school population who were found to be verminous during the year.

It was found necessary during the year to issue 23 Formal Cleansing Notices and 3 Cleansing Orders. No legal proceedings were instituted during the year.

Infestation is mainly confined to children whose home conditions are unsatisfactory.

Work of School Nurses.—School Nursing is undertaken by 17 School Nurses (5 whole-time and 12 part-time), 21 Health Visitors and 20 District Nurses (who are estimated to devote about 7 per cent of their time to this work). In addition to visits to schools for head inspections, the School Nurses attend routine medical inspections. Children ascertained by the School Medical Officers to be suffering from defects of any kind are either referred to the family doctor for treatment or noted for observation, and the subsequent follow-up work of the School Nurses, together with the number of days given to routine medical inspections, is indicated in the following table:

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole-time equivalent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visits
School Nurses	5	5	142	1,319	121	1,440	1,440	107	32	139	1,579	1,793
Part-time School Nurses	12	4.1	255	1,687	1,364	3,051	3,051	813	842	1,655	4,706	2,755
Health Visitors	21	5.88	172	756	539	1,295	1,295	560	295	855	2,150	1,556
District Nurses	20	1.83	53	154	67	221	221	136	118	254	475	417
TOTAL ..	58	16.81	622	3,916	2,091	6,007	6,007	1,616	1,287	2,903	8,910	6,521

Employment of Children.—In accordance with the provisions of Section 59 of the Education Act, 1944, all pupils reported by the Chief Education Officer as being engaged in work outside school hours are examined by a School Medical Officer to ensure that they are not being employed in a manner likely to be prejudicial to health or to render them unfit to obtain the full benefit of education.

After this initial examination, each child is seen annually at routine medical inspection, or at an earlier date if the School Medical Officer recommends such an arrangement.

Only children of 13 years or more are allowed to take up employment, which is restricted by statute and may not exceed two hours on school days. Work before 7 a.m. is prohibited. Employment in a number of occupations connected with hotels, public entertainments, licensed premises, racing tracks, etc., is prohibited and no child may be employed to lift, carry or move anything so heavy as to be likely to cause him injury.

Of 698 pupils examined during 1968, it was necessary to recommend re-examination in four cases at intervals ranging from two to three months. In addition the employment certificate of another pupil was withdrawn on medical grounds but following a review of the case two months later he was found fit to resume employment.

Medical Inspection of Pupils resident in Boarding Schools and Special Boarding Schools.—Special arrangements are made for the medical examination of children in boarding schools or resident in special boarding schools within the County, as under

Bridgnorth	..	Apley Park
Ellesmere	..	Petton Hall
Shifnal ..	..	Haughton Hall
Wem ..	..	Trench Hall

Anything relevant to the well-being of the children ascertained at the medical examination is passed on to the Head of the school. Every pupil in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Arrangements were also made during the year, at the request of the Robert Jones & Agnes Hunt Orthopaedic Hospital Authorities, for the local School Medical Officer to undertake vision tests of 70 pupils attending the Hospital School. These tests are carried out each term and pupils having defective vision are referred to an Ophthalmic Consultant for treatment.

The following interesting reports on the three Residential Special Schools in the County have been written by the School Medical Officers who normally attend these schools for routine school medical inspection purposes:

Haughton Hall Special School for Educationally Subnormal Girls:

Dr. A. N. O'Brien, Medical Officer for this school, writes:

"There are at present seventy-six girls on the school register, whose ages range from ten to sixteen years and whose Intelligence Quotients vary from 46 to 83. These children have been assessed as educationally subnormal and recommended for special education in this residential school as being the most appropriate form of treatment. Many of the children come from poor homes and some indeed suffer from grave social deprivation. A few are so seriously limited as to be mentally subnormal and indeed one wonders, in view of the inevitable prognosis, whether it would not be much more appropriate for such children, whose I.Q. lies in the low fifties, to be admitted to a Training Centre rather than to a special school. One little girl, a Mongol, has recently been re-notified under Section 57/4 after spending four terms at Haughton Hall. Another child who suffered from meningitis of unknown origin in infancy, and who is now 13 years old, is extremely limited and should not in my view continue to fill a place in the school, which would be of much more benefit to a child able to benefit from special education.

As School Medical Officer, I visit the school at the beginning of each term to carry out a medical inspection of all the pupils. The children thus receive more medical supervision than do children attending ordinary schools, and records show that they need prolonged medical supervision and the provision of other para-medical services, e.g. dental, speech therapy, and psychological. Once each term a special Hearing Clinic is held at the school and all the pupils referred to it because of a hearing loss are kept under close supervision by the County Audiologist. Two years ago plans were made to provide a Loop System in one classroom as an aid in the teaching of pupils with hearing impairment, but this system has not yet been installed. Whatever immunisation or vaccination procedures are needed are also provided and the children accept these occasions with equanimity. Conferences are held in the school two or three times a year at which the circumstances of the girls about to leave school are thoroughly discussed by Youth Employment Officers, Mental Welfare Officers, Child Care Officers and other Social Case Workers involved in the after-care of handicapped school leavers and I attend these sessions in order to present the medical aspects of the cases.

Apart from her educational retardation, each girl may suffer from some other form of physical, emotional, mental or social handicap. The child with multiple handicaps may need special care after she has left school and therefore it is imperative that as much investigation and treatment as possible is undertaken during the first few years at Haughton Hall. Two girls at present are receiving special treatment outside school; one who had an operation for the repair of a congenital heart defect is now receiving Home Tuition but will soon be able to return to Haughton Hall and take part in all the school activities; the other is at present in hospital for further surgical treatment to improve her speech.

The following table shows some of the defects found at schoo[1] medical inspection and their distribution in each group":

Defects	Born								Total
	1952	1953	1954	1955	1956	1957	1958	1959	
Congenital Heart	1	2	—	1	1	—	—	—	5
Delicate ..	—	2	—	1	—	2	—	—	5
Dental	—	—	1	1	1	1	—	1	5
Diabetic ..	—	—	—	1	—	—	—	—	1
Emotional ..	—	—	—	1	—	—	—	—	1
Epileptic ..	—	—	1	—	1	1	—	—	3
Hearing ..	1	3	1	2	3	—	1	—	11
Mongol ..	—	—	—	—	—	—	1	—	1
Obesity ..	1	—	—	2	2	—	—	—	5
Orthopaedic ..	—	1	—	3	—	—	—	—	4
Skin	—	1	—	—	—	—	—	—	1
Spastic	—	1	—	—	—	—	—	—	1
Speech	1	6	—	1	2	—	—	—	10
Verminous ..	—	—	1	—	—	—	—	—	1
Vision	—	8	1	2	2	4	1	—	18
TOTALS ..	4	24	5	15	12	8	3	1	72

Children with other handicapping defects in addition to Educational Subnormality

	One Defect	Two Defects	Three Defects	Four Defects
Number of Pupils ..	35	12	5	2

Petton Hall Residential School for Educationally Subnormal Boys:

Dr. A. D. Barker, Medical Officer for this school, writes as follows:

"During the year 1967/68 I have once again been the Medical Officer for Petton Hall School, after an interval of 2—3 years. There have been several beneficial innovations since that time, one of the most significant being the more frequent visits home at the weekends by most of the boys. This is an excellent idea since it helps to keep the boys integrated in the society in which they will live and work when they leave school. One feature of this arrangement, however, is that Matron has to be very vigilant to ensure that the boys are kept free from hair infestation and infection. One boy returned to school from home suffering from scabies; he was very promptly isolated and a very strict routine of treatment given. The infection cleared quickly and no other cases occurred. Two boys returned with ringworm and a similar kind of routine was set up with the result that no further cases occurred. Two boys in the school are on maintenance doses of Thyroid. In the past 15 years or so there have been no similar cases of treated Cretinism attending Petton Hall.

I now visit the school once or twice a week in the first term of the school year to complete routine inspection of all the boys and thereafter once a month to follow-up particular children.

More of the boys leaving school seem to have jobs to go to. Some of them are transferred to the Adult Training Centre in Shrewsbury and it will be interesting to see how their progress compares with some of the children who come from the Junior Training Centre.

The children who are in the care of the Children's Department when they leave school still cause us considerable concern and these children, in particular, require the help of "friendly supervision" after leaving school.

Putting together all the information available helps to give a more complete picture of each boy and I find this new form of routine medical inspection much more satisfactory.

My meetings with Mr. F. Schofield, the Headmaster, were informative and helpful—on both sides, I hope.

Mr. Schofield, Matron, Staff and boys always make me feel welcome and I have enjoyed carrying out the duties of the School Medical Officer at Petton Hall".

Trench Hall Residential School for Maladjusted Boys and Girls:

Dr. A. D. Barker, who is also the Medical Officer of this school, reports:

"This is one of the most interesting schools I visit. There are always some exciting plans afoot for this or that expedition or project. This makes for an interesting medical inspection since I hear each child's ideas and thoughts about the project in hand. This gives me a good insight into the boy or girl. Some are very willing to talk about themselves whilst others are much more interested in talking about other children's troubles and difficulties. I visit the school once a month and, as well as seeing the children, I have many interesting and valuable discussions with the Headmistress, Miss C. F. Martin. The school continues to provide an excellent service for these children who have to learn to live in the community with and in spite of their difficulties.

I look forward to continuing to visit Trench Hall".

Consultative Medical Service.—Under this scheme the Principals of the four Colleges concerned agreed to distribute leaflets prepared in the County Health Department to all full and part-time students in order to give them an opportunity of discussing in confidence with a Medical Officer any problems they might have, including those connected with alcohol, tobacco, drugs, relations with the opposite sex, personal relationships of all kinds, etc.

Special appointments were made for those students requiring help to have private interviews with a School Medical Officer at the nearest Health Centre to the College. So far the response has been rather poor but it is considered worthwhile that this Consultative Medical Service should continue to be made available in the hope that students will take advantage of these special facilities for discussing their problems in confidence and obtaining the best possible professional advice.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital have a permanent arrangement with the Education Committee for the provision of special educational facilities. At Copthorne Hospital, Shrewsbury, patients recommended for special tuition attend a class regularly at the hospital by a tutor provided by the Education Committee.

In other hospitals in the County, when a child is admitted whose stay is likely to be prolonged, special arrangements are made for individual tuition if the medical condition permits.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general Child Health Clinics. In addition to the clinics listed, there are two Mobile Dental Units which operate in the north and south of the County respectively. The times at which clinics are held are liable to be modified, but up-to-date information on clinic sessions may be obtained from the Health Department, Shirehall, Shrewsbury, or from the local School Medical Officer concerned.

List of School Clinics as at 4th March, 1969

Medical Officer and District	Centre	Frequency of Sessions
Dr. Barker Wem	Wem	Audiology — As required Dental — Three sessions weekly Speech Therapy — One session weekly
Dr. Batcheldor Whitchurch	Ellesmere	Audiology — As required Dental — Four sessions weekly Speech Therapy — One session weekly
	Petton Hall	Audiology — As required Dental — Ten sessions weekly
	Whitchurch	
Dr. Capper Ludlow	Church Stretton	Audiology — As required Speech Therapy — Two sessions monthly
	Church Stretton Junior School	Audiology — As required
	Cleobury Mortimer	Audiology — As required Child Guidance — Two sessions monthly Dental — Eight sessions weekly Ophthalmic — Three sessions monthly Speech Therapy — Two sessions weekly
	Ludlow	
Dr. Crosland Madeley	Madeley	Audiology — As required Dental — Four sessions weekly Orthopaedic — Two sessions monthly Speech Therapy — One session weekly
Dr. Davies Wellington	Wellington	Audiology — One session weekly Child Guidance — Five sessions weekly Dental — Sixteen sessions weekly School Doctor — One session weekly Speech Therapy — One session weekly
Dr. MacDonald Oakengates	Donnington Infant School	Speech Therapy — One session weekly
	Teagues Bridge Infant School	Speech Therapy — One session weekly
	Oakengates	Audiology — As required Speech Therapy — One session weekly
Dr. Mackenzie Shrewsbury area	Health Centre, Murivance	Speech Therapy — Four sessions weekly
	5a Belmont	Dental — Thirty sessions weekly
	Condover Hall, nr. Shrewsbury	Speech Therapy — One session weekly
	Katharine Elliot School (Woodcote Way)	Speech Therapy — Three sessions weekly
	The Old Vicarage, Shirehall	Child Guidance — Eight sessions weekly
	The Annexe, Shirehall	Hearing Assessment — Three sessions monthly Audiology — As required
	Albert Road	Audiology — Two sessions weekly
	Pontesbury	Speech Therapy — One session weekly

Medical Officer and District	Centre	Frequency of Sessions
Dr. O'Brien Newport	Newport	Audiology — As required Dental — Three sessions weekly Speech Therapy — One session weekly
Dr. Park Oswestry	Oswestry	Audiology — As required Child Guidance — One session monthly Dental — Seven sessions weekly Ophthalmic — Two sessions monthly Orthopaedic — One session weekly School Doctor — One session weekly School Nurse's Session — One session weekly Speech Therapy — One session weekly
Dr. Penney Bishop's Castle	Bishop's Castle	Audiology — As required Speech Therapy — Two sessions monthly
Dr. Robson Market Drayton	Hadley	Audiology — As required School Doctor — One session monthly
	Market Drayton	Audiology — As required Child Guidance — One session monthly Dental — Fourteen sessions weekly Speech Therapy — One session weekly
Dr. Turnbull Bridgnorth	Bridgnorth (Northgate)	Audiology — Two sessions monthly Child Guidance — Two sessions monthly Dental — Ten sessions weekly School Doctor — One session monthly Speech Therapy — Two sessions weekly
	Highley	Audiology — As required
Dr. Walton Shifnal	Albrighton Group Practices Surgery	Audiology — One session monthly Speech Therapy — Two sessions weekly
	Albrighton County Junior School	Hearing Assessment — One session monthly
	R.A.F. Cosford Hospital	Audiology — As required
	Shifnal	Speech Therapy — One session weekly
	Haughton Hall	
Dr. Wilde Dawley	Dawley	Audiology — As required Dental — Six sessions weekly Speech Therapy — One session weekly Child Guidance — One session monthly

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions:

The Royal Salop Infirmary, Shrewsbury
Copthorne Hospital, Shrewsbury
The North Staffordshire Royal Infirmary, Stoke-on-Trent
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton Royal Hospital, Wolverhampton
The Staffordshire General Infirmary, Stafford

Eye Conditions:

The Eye, Ear and Throat Hospital, Shrewsbury
The North Staffordshire Royal Infirmary, Stoke-on-Trent
The Staffordshire General Infirmary, Stafford
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton and Midlands Counties Eye Infirmary, Wolverhampton

Ear, Nose and Throat Conditions:

The Bridgnorth and South Shropshire Infirmary, Bridgnorth
Copthorne Hospital, Shrewsbury
The Eye, Ear and Throat Hospital, Shrewsbury
Ludlow and District Hospital, Ludlow
Oswestry and District Hospital, Oswestry
Shifnal Cottage Hospital, Shifnal
Whitchurch Cottage Hospital, Whitchurch
New Cross Hospital, Wolverhampton
The North Staffordshire Royal Infirmary, Stoke-on-Trent
The Staffordshire General Infirmary, Stafford
The Kidderminster and District General Hospital, Kidderminster
The Wolverhampton Royal Hospital, Wolverhampton

Orthopaedic Conditions, including Fractures:

The Royal Salop Infirmary, Shrewsbury
The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry
The Kidderminster and District General Hospital, Kidderminster

Special Forms of Treatment not elsewhere available:

The Birmingham Children's Hospital, Birmingham

HANDICAPPED CHILDREN

It is the duty of the Local Education Authority to provide for all handicapped pupils in their area the opportunity of receiving suitable education, consistent with their age, aptitude and ability.

A handicapped pupil may be defined as one suffering from a disability of mind or body which is likely to interfere with normal growth, development and ability to learn. Children suffering from such disabilities or defects which impede normal progress in school are given special consideration. This varies from education in hospital (for long stay patients) and home tuition, to education in special classes or units in ordinary day schools. Residential school may be recommended where specialised treatment is necessary and which cannot be provided locally or where home circumstances justify boarding education.

Children may be ascertained as being in need of special educational facilities at any age from 2 years upwards. Assessment often involves consulting hospital specialists, family doctors and the Child Guidance team, and the consideration of teachers', audiologists' and speech therapists' reports, together with factors such as the home background and parental attitude, etc., before a decision regarding special school placement is made.

A considerable number of children handicapped in various ways are integrated into the ordinary school system. We are grateful to head teachers and staff for their willingness to accept handicapped children in the normal school regime, even though it may involve extra work, responsibility and understanding.

Detection and Ascertainment.—Two registers are maintained in the School Health Service Section—a "Register of Handicapped Pupils" and an "At Risk" Register, the latter giving details of all children in whom the family history or circumstances at the time of birth suggest that the child is particularly at risk, e.g. premature infants, twins.

During 1968, pupils ascertained under the Handicapped Pupils and School Health Service Regulations numbered 806—348 by School Medical Officers and 458 by the Consultant Psychiatrist, and a summary of the findings and recommendations to the Local Education Authority is given below. In addition 865 children found to be speech defective were brought under treatment by the Speech Therapist whilst a further 2,768 examinations were carried out at the Medical Audiology Clinics as a result of which 632 recommendations and referrals were made.

HANDICAPPED PUPILS

Category	Pupils Specially Examined	Not Handicapped	Special Educational Treatment Recommended				Reported to Local Health Authority		Pupils not requiring supervision on leaving school	Under treatment by Psychiatrist
			In Ordinary School	In Special Day Class	In Special School	Home Tuition	Unsuitable for education at school	Friendly supervision on leaving school		
Blind	3	—	—	—	3	—	—	—	—	—
Partially Sighted	—	—	—	—	—	—	—	—	—	—
*Deaf	—	—	—	—	—	—	—	—	—	—
Partially Hearing	4	—	—	—	4	—	—	—	—	—
Delicate	15	—	—	—	10	5	—	—	—	—
Educationally Subnormal	294	41	48	75	60	1	28	37	4	—
Epileptic	1	—	—	—	1	—	—	—	—	—
Maladjusted	458	—	—	—	—	—	—	—	—	458†
Physically Handicapped	31	—	—	—	15	16	—	—	—	—
TOTAL	806	41	48	75	93	22	28	37	4	458†

*All children suspected of being deaf or partially hearing are now dealt with not by the individual School Medical Officer but by a Specialist Audiology Team, whose recommendations are referred to on page 34.

†This figure is the Child Psychiatrist's actual case load and includes 32 pupils recommended for admission to Special School and 3 pupils recommended for Home Tuition.

As well, the Medical Officers also carried out a further 507 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school and the review of home tuition cases.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers and Consultant Psychiatrist during the period 1959 to 1968:

		(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially hearing (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Maladjusted (9) Physically handicapped			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	TOTAL
Examined:	1959	1	3	1	6	36	247	2	116	39	451
	1960	1	—	4	3	42	299	1	62	35	447
	1961	—	2	2	2	31	283	5	65	18	408
	1962	2	2	—	3	21	247	1	99	22	397
	1963	—	3	1	2	15	252	6	99	21	399
	1964	3	3	—	—	26	292	9	30	18	381
	1965	2	2	—	3	16	268	—	95	36	422
	1966	—	3	2	5	21	236	6	146	39	458
	1967	3	6	—	1	17	279	2	264	28	600
	1968	3	—	—	4	15	294	1	458	31	806
Recommended for Special School:											
	1959	1	3	1	6	30	48	2	12	7	110
	1960	1	—	4	3	27	59	1	10	10	115
	1961	—	2	2	2	21	71	5	15	9	127
	1962	2	2	—	3	16	52	1	20	10	106
	1963	—	3	1	2	11	43	5	15	8	88
	1964	3	3	—	—	17	51	6	20	3	103
	1965	2	2	—	3	11	68	—	17	23	126
	1966	—	3	2	5	10	45	3	21	24	113
	1967	3	6	—	1	13	60	2	24	19	128
	1968	3	—	—	4	10	60	1	32	15	125

Blind.—Three children were ascertained during the year as requiring special educational treatment in a school for the blind and there are now eleven children attending special residential schools for blind children.

Partially Sighted.—No new cases were assessed during the year as requiring special educational treatment and there are now nine partially sighted pupils attending special schools in various parts of the country.

Deaf/Partially Hearing.—All children suspected of being deaf or partially hearing are dealt with not by the individual School Medical Officer, but by a Specialist Audiology Team. A special report on these handicaps and the recommendations made in this connection will be found on page 30.

Physically Handicapped.—At the end of the year there were on the Handicapped Pupils' Register 684 pupils suffering from physical handicaps of varying degrees of severity. The majority of these children are attending ordinary schools and any necessary special arrangements are made. Special transport to and from school is provided by the Education Authority for any child who on account of physical handicap, injury, acute or chronic ill health, etc., is considered unfit to attend school by other means. At the end of the year 139 pupils were receiving special transport on medical grounds.

Where the disability is so great as to preclude attendance at either ordinary or special schools or where pupils are undergoing temporary periods of medical treatment at home, the Education Authority provide home tuition. Each child is examined by the School Medical Officer to ensure that home tuition is necessary on medical grounds and is kept under review to ascertain when resumption of attendance at the ordinary school is desirable. Hours of tuition provided weekly vary according to the needs of individual pupils and at the end of 1968, 22 pupils were being provided with home tuition.

During 1968, some 31 new cases were assessed as physically handicapped and of this total 15 were recommended for admission to special school and 16 for home tuition. At the end of the year 54 physically handicapped pupils were being educated in special residential schools.

Delicate.—The majority of children in this category, which includes diabetic children as well as children suffering from asthma and other chest conditions, are placed in residential schools as a change of environment for a prolonged period—often six months—is recommended on medical and sometimes on social grounds.

15 new cases were assessed as delicate pupils in 1968 and at the end of the year 11 children were in attendance at special schools.

Epileptic.—The great majority of children suffering from epilepsy are able with adequate treatment to continue to attend ordinary school with minor restrictions on their activities. Some 106 pupils in this category were attending ordinary schools in the County in 1968. Occasionally the disability is sufficiently severe to warrant admission to a special residential school for epileptics and 6 pupils were receiving such education at the end of the year.

Maladjusted.—At the end of the year 34 maladjusted pupils were receiving educational treatment in residential special schools. A report on the Child Guidance Service by Dr. D. R. Benady, Consultant Children's Psychiatrist, appears on page 37.

Speech Defective.—At the end of the year 1 pupil was in attendance at a special school for Speech Defective Children. A report on the Speech Therapy service appears on page 28.

Educationally Subnormal.—This is by far the largest single group of pupils in need of special educational facilities and during 1968 of 294 such children who were referred for assessment to the School Medical Officers and Educational Psychologists on account of lack of progress in the ordinary school or for supervision on leaving school, the following recommendations were made:

Special Educational Treatment:	
Ordinary School	48
Special Day Class	75
Special School	60
Home Tuition	1
Not Handicapped	41
Unsuitable for education at school	28
Friendly supervision on leaving school	37
Not requiring supervision on leaving school	4

There is in the County a considerable shortage of places for educationally subnormal children. The Chief Education Officer recently reported that in Summer 1968 there were 219 children who had been ascertained as educationally subnormal but who had not been placed in a special school or class. Of these, 129 had been recommended for residential places and 90 for day places. About three-quarters of the children had not been placed due to parents' refusal to give consent to attendance at special school. This applied particularly to children recommended for residential placement. Even if parental consent had been forthcoming it would not have been possible to place these children because of shortage of places.

In addition there were 369 children for whom special educational treatment in the ordinary school had been recommended. These are children whose ability is only slightly above that of an educationally subnormal child. The majority of these children can cope satisfactorily in an ordinary school provided they receive some additional help and the demands of the school are adapted to their limited capabilities. About one quarter to one third would benefit from education in a special school, if only for a period of two to three years, after which they could return to the ordinary school.

The following existing provision has been made by the Local Education Authority:

Special Schools (Residential, all ages):

Petton Hall for Boys (90 places)
Haughton Hall for Girls (77 places)
(12—15 places reserved for girls from Herefordshire which has no residential school for girls)

Units attached to Ordinary Schools (Age range 8—11 years):

Oswestry, Woodside County Primary	(15 places)
Shrewsbury, St. Michael's Street County Primary	(30 places)
Teagues Bridge County Junior	(15 places)
Ketley Town County Junior	(15 places)
Pool Hill County Junior	(15 places)
Ludlow, St. Laurence C.E. Junior	(15 places)

(Age range 11—16 years)

Shrewsbury, Belvidere Boys' Modern	(15 places)
Shrewsbury, Monkmoor Girls' Modern	(15 places)
Trench Boys' Modern	(15 places)
Wrockwardine Wood Girls' Modern	(15 places)

The total number of places available for Shropshire children is approximately 165 residential and 165 day places.

The Peripatetic Remedial Teaching Service which was introduced in 1965 is now established as a branch of the Special Education Services provided for handicapped children.

The Remedial Teachers (there is an establishment for 7 teachers) work in liaison with the Primary School Advisers and under the supervision of one of the Educational Psychologists. Preliminary surveys are carried out in groups of schools and a programme of remedial work is drawn up. Schools within the group are visited regularly by the Remedial Teachers and the retarded children are withdrawn from classes to receive special tuition. They work closely with Class Teachers and the needs of individual children are discussed so that even when the Remedial Teacher is not present the Class Teachers are able to continue the remedial work.

The following interesting report on the educationally subnormal child has been written by Dr. Kenneth Jones, School Medical Officer:

> "The 1944 Education Act was designed to secure 'a varied and comprehensive educational service' with education according to the needs of the individual. Special problems are created, of course, by any handicapping condition, and the aim of the service in this respect is to recognise the handicap, endeavour to reduce the burden on the child and provide aids to learning, so that the best may be made of education. Of the ten categories of handicap defined and classified in the Handicapped Pupils and Special Schools Regulations, 1959, educationally subnormal children comprise the biggest group, accounting for about 44% of all handicaps recognised.

The problem of the educationally subnormal child in terms of ascertainment, assessment and educational provision is far from straightforward. Much has been written about standardised tests of intelligence in the elucidation of backwardness. However, too much reliance must not be placed on such tests and the resulting intelligence quotient. Much educational backwardness results from the normal distribution of mental ability in the population and in fact this forms the basis of the intelligence quotient or I.Q. Most people have a measured I.Q. in the region of 100 and individuals who deviate from this value become progressively less common, the greater the deviation. The child with an I.Q. of 180 is as uncommon as the child with an I.Q. of 50. However, the 'normal' child with a low I.Q. is much more likely to have difficulty attaining the generally accepted standard at school than the child with a high I.Q. Furthermore, for a number of reasons, the I.Q. may be far from a static value in a particular child and may increase with time and educational treatment.

Apart from what might be considered basic intelligence, is the child's actual performance and attainment. The child may be functioning significantly below the level of its ability as a result of physical illness, emotional disturbance or deprivation. There may be, or may have been at some time in the child's life, unsuspected deafness, prolonged absence from school or some other physical condition adversely affecting not only learning as such, but also actual intellectual development. Genetic endowment is undeniable where a child's ability is concerned, but the profound influence of environmental factors must never be underestimated. From the moment of conception, the future adult mind is subjected to influences which may stimulate or inhibit optimum development. The abnormal pregnancy, the difficult birth, the loving or rejecting mother, the stimulating and happy family life or the deprived, rejecting and unhappy one, disease and disability, all play their part and all must be considered when dealing with the backward child.

It has been the practice to define as educationally subnormal (E.S.N.) a child whose I.Q. falls in the range 50 to 80. Below this range a child is normally considered unsuitable for formal education, is classified as severely subnormal and excluded from the educational system. However, in practice, such rigid classification is not generally applicable, and the performance and attainments of the individual child must be considered. Exclusion from school is a last resort. The child is always given the benefit of the doubt and, in suitable cases, admission to a training centre can be an informal arrangement at first, in an endeavour to obtain a more certain assessment. As with the child who is unsuitable for education at school, children considered by the Principal School Medical Officer to be educationally subnormal must be notified to the education authority and in turn the parent must be notified of the decision of the authority.

The recommendation that a child is educationally subnormal is made only after a very careful assessment of the child's ability and educational requirements, taking into account the many factors mentioned previously. This may involve not only the school medical officer conducting the examination and advising the Principal School Medical Officer, but the educational psychologist, the teacher, and information obtained from any other person involved with the child's health and welfare. The ultimate aim is to provide educational treatment most suited to the child's ability, in an endeavour to overcome as far as possible the educational handicap.

In most cases some form of special educational treatment is required. It may be possible to provide this in the ordinary school setting, if necessary, with the assistance of a specially trained peripatetic teacher. However, some E.S.N. children require a special setting in order to benefit from education, in which case admission to a special day class is indicated. The special day class offers to such children the advantages of small numbers, specially trained teachers and an atmosphere in which the child can proceed at a pace suited to his particular ability.

Particularly in the case of the older child, the residential setting may have a great deal to offer. This is particularly so in the case of the child who is failing to progress otherwise, and especially where adverse social and emotional influences are at work. Many E.S.N. children are to a variable extent maladjusted, often as a result of adverse educational and social experiences, and special residential education in a school for educationally subnormal pupils may result in an all round improvement in the child's outlook and social confidence, apart from the straightforward educational advantage.

Particularly in the case of the child remaining in the ordinary school, it is important to keep the E.S.N. child under review so that the type of education provided can be varied should the child's needs change, as they often do. Alternatively, the expected progress may not occur and alternative provision may be indicated. As would be expected, the system can only work successfully when there is continuous and reasonable close co-operation between the teacher, the school medical officer, the educational psychologist and the parent.

The problems of the E.S.N. child do not always end on leaving school, particularly if the degree of educational subnormality is marked and the child's social conditions are limited. Apart from the likelihood of limited educational attainments despite remedial teaching or special school, there may be difficulty, at least in the early stages, of obtaining or maintaining suitable employment. Social difficulties such as the tendency to delinquent behaviour are more likely to occur than with the normal child. Consequently, a system of friendly supervision on leaving school is pursued in an endeavour to detect early difficulties and offer advice and guidance. The process of learning does not end with school, and fortunately most educationally subnormal people eventually adjust reasonably well to the adult world. The handicap may never disappear, but may become appreciably less obvious with time and experience. The better the educational provision for the E.S.N. child the more likely and more complete will be this adjustment".

Children Unsuitable for Education in School.—There are some children who are so mentally retarded as to be incapable of benefiting from education even in special schools. During 1968 65 such children were recommended for report to the Local Health Authority under Section 57 of the Education Act, as amended, for treatment, care or training; 28 under sub-section 4 as being unsuitable for education at school and 37 as being in need of friendly supervision after leaving school. The comparable figures for 1967 were 25 and 56 respectively.

The decision to report a child as being unsuitable for education in the ordinary school is taken only after very careful consideration of all the factors involved and usually after a trial period in the ordinary or a special school.

Co-ordination of Services for Handicapped Children.—In 1966, in Joint Circular 9/66 and 7/66, the Department of Education and Science in conjunction with the Ministry of Health, requested local authorities to review their arrangements for the co-ordination of Education, Health and Welfare Services for Handicapped Children and Young People.

County Council Officers discussed matters raised in the circular with representatives of the Local Medical Committee, the Shrewsbury Group 15 Hospital Management Committee, the Salop Executive Council and officials of the Ministry of Labour. From these discussions it was established that, in general, adequate liaison existed with and between the County Council's services.

The handicapped school leaver poses a very real problem. The School Medical Officer, at the last routine medical examination of each pupil, makes a report if he considers a pupil unsuitable for work of any particular type. This report is forwarded by the Principal School Medical Officer to the Youth Employment Officer to ensure that any pupil on leaving school is not placed in employment for which he or she is either mentally or physically unsuited.

Handicapped pupils are also encouraged to enrol in the Register of Disabled Persons and so obtain through the Ministry of Labour sheltered employment and also special educational training open to Registered Disabled Persons.

Special arrangements exist to deal with the problem of after-care for pupils leaving Petton Hall and Haughton Hall Residential Schools, and Mental Welfare Officers and Youth Employment Officers do, in suitable cases, visit the special schools before the children actually leave. Each case is then followed up at home to ensure that the child settles down in employment and becomes satisfactorily adjusted to post-school life.

In order that handicapped children may be kept constantly under review in the twelve months preceding school leaving and during the following five years, an After-Care Committee co-ordinates the efforts of the various bodies concerned, namely the Education, Children's, Health and Welfare Departments, and the Ministry of Labour's Rehabilitation and Youth Employment Service.

Katharine Elliot School.—This school copes with a wide variety of handicaps and offers education, assessment and social training to about 46 children of ages ranging from 2—9 years.

The following account of this project has been contributed by Mr. N. O. Davies, who was appointed the School's Principal at the beginning of September, 1968, in succession to Mr. A. I. Rabinowitz, who left the County at Easter, 1968, to take up another appointment in London.

"The new extensions to the building were already completed in September and consequently additional children were admitted during the Winter Term.

There are now 46 children on roll and of these 27 attend on a full-time basis.

The range of handicaps is, as in the past, wide, but it is significant that there has been an increase in the number of children suffering from spina bifida.

The increase in the total number of children attending the school has meant that additional staff have had to be appointed. Two nursery assistants and an additional part-time teacher took up duties during the Autumn Term.

In addition to the extra classroom facilities, the school now has its own kitchen and all meals are cooked on the premises.

The physiotherapy room too, has been extended and an additional part-time physiotherapist will be appointed in the New Year.

The number of children on the waiting list for admission has decreased but there are still about 25 children who would benefit from attendance if places were available at the school.

Dr. A. D. Barker continues to visit frequently and visiting Consultants have held regular clinics at the school".

Dr. Barker, who visits the Katharine Elliot School regularly in her capacity as School Medical Officer, gives the following interesting report:

"There has been a considerable increase in the number of childern suffering from repaired spina bifida and these children require a great deal of care and help.

Mr. G. K. Rose, Consultant Orthopaedic Surgeon, visits the school once every other month to see the children and advise us about their treatment. Mr. Rose's 'clicking splint' has made a considerable difference to the life of many of these children. It enables them to stand, move about and play a much more active part in life. Most of the children require the supervision and treatment from Dr. J. C. Macaulay, the Consultant Paediatrician, who visits the school when he can manage to do so. At present he mainly sees the children in his hospital clinics but hopes to arrange to come to Katharine Elliot School regularly in the

future. Many of the children have visual defects and we are fortunate to have Mr. I. C. Fraser, Ophthalmic Surgeon, holding regular clinics at the school.

The children who still attend Katharine Elliot School because of the postponement of the opening of a 'Special Care Unit' are seen regularly by Dr. D. R. Benady, Consultant Children's Psychiatrist. Mr. Paulett, Audiologist/Senior Speech Therapist, gives us help and advice on the children he is concerned with.

The Speech Therapist attends three times a week, and although as a rule the children suffering from spina bifida have no speech difficulties, a great many other children, particularly the cerebral palsied, do require constant and regular speech therapy. Miss Lydiate carries out the functions of Social Worker, School Nurse and Health Visitor trained in Audiology. Her work is not easy and she certainly does not spare herself in her efforts to carry out these various duties.

Mr. N. O. Davies, the Head of the School, Mrs. Thomas, the Educational Psychologist and I meet regularly to discuss the children at present attending the school, including their progress and future placement. Mr. Davies and I meet monthly to consider the children whose names are on the waiting list. Trying to decide on priorities is a very difficult task. All of the children whose names are on the waiting list would now benefit from attendance at the Katharine Elliot School.

It seems that, no matter how hard we try to admit nursery-age handicapped children for assessment before they are 5 years old, we just cannot do so because of lack of places. Most of the children are 4½ years and over before admission. The increase in the number of spina bifida children requiring places means that several children whom I would have preferred to see attending the Katharine Elliot School before admission to ordinary school have just had to miss this opportunity. There is not a child I visit who would not benefit from attending the Katharine Elliot School. It has a happy industrious atmosphere which is very much appreciated by the parents.

I visit the school officially 5—6 sessions a month but with the increase in numbers and for other reasons more time is required for this purpose. My work is fascinating as there are so many aspects to it. There are the routine medicals and follow up checks, discussions with physiotherapists, observation of the children at physiotherapy and in the classroom situation.

There is the 'toilet block' where the staff draw my attention to all kinds of problems concerning the children. I gain a great deal of information about the children from the nursery helpers and many of the problems are discussed and sorted out when the staff and children meet over the mid-day meal. The twice-monthly case conferences continue to be stimulating and informative; the parents' queries have to be dealt with and I never fail to be surprised at problems which arise when least expected to upset all our thoughts and plans for a particular child.

The facilities available at the school are excellent and they are used to the full. The parents certainly appreciate all the help they and their children receive from Mr. Davies and his staff".

Home Visiting by School Medical Officers.—The School Medical Officers are given lists of handicapped children living in their areas and are expected to pay attention to these children either in school or by home visiting. Some cases have to be referred to the Central Office for further advice and discussion.

Dr. Barker spent during the year approximately three half-day sessions per week on home visiting. Sometimes accompanied by Miss F. M. Lydiate, the Health Visitor/Social Worker, Dr. Barker visited the homes of very young handicapped children to examine and assess them, to discuss the question of their educational future with the parents and in general to give them help and guidance in the understanding and management of their children. Details of those young children who are considered suitable for attendance at the Katharine Elliot School for Handicapped Children, are passed to the Chief Education Officer. Mr. Davies, as Principal of the Katharine Elliot School, also visits with Miss Lydiate the homes of all those children who attend the School or are recommended for future admission.

Dr. Barker writes on her domiciliary visiting as follows:

"Part of my duties involve visiting handicapped children in their homes in order to try to make some assessment of them. Most of the children have already been visited by Miss F. M. Lydiate, Health Visitor/Social Worker, and by the local Health Visitor and their reports are very valuable to me. In the past months I have not had much opportunity to visit very young handicapped children but I do have the opportunity of observing many of them at the Spastics and Spina Bifida Clinics which are held at the Royal Salop Infirmary by Mr. G. K. Rose, Consultant Orthopaedic Surgeon and Dr. J. C. Macaulay, Consultant Paediatrician.

It is not, however, until several home visits have been made that I begin to feel that I have a whole picture of the child, its parents and their particular problems and difficulties.

There is an urgent need for more nursery facilities for handicapped children—even half a day a week would offer great help to the mother and her child, and would provide us with an opportunity to observe and assess the functioning capacity and the personality of the child.

Fathers give a very different picture of their handicapped children from mothers. Both are reliable pictures but I think significantly different. Father gets away from the situation when he is at work and as a result seems to find the burden less. There are few neighbours who feel able to care for the handicapped child while mother goes shopping, to the dentist, to the hospital, or even just to look at the shops—a natural pleasure for most women. This means that the mother never really gets a break from the child.

In the past 2—3 years, more and more Head Teachers have been willing to admit handicapped children to their schools. Most of these children are admitted on a trial basis, but only one child has so far failed to cope with ordinary school. This demands understanding and help from children and staff, and all benefit from the experience. One Head Teacher has just arranged for a second spina bifida child to attend her school. The assessment of these children is not easy. The picture is continually changing. The personality of the child, the home circumstances, the number and length of stays in hospital all influence the functioning capacity of these children. These factors and many others have to be taken into consideration when attempting to make an assessment".

The following are the numbers of handicapped children in the various categories who received domiciliary visits. They are, of course, also seen in the schools and clinics; home visits are carried out as often as the Medical Officers consider necessary.

HANDICAPPED PUPILS REQUIRING HOME VISITING

	Pupils on List	*Number Visited*	*Number not Visited*	*Visits Made*
Blind	17	3	14	3
Partially Sighted	39	9	30	11
Deaf	4	1	3	3
Partially Hearing	67	12	55	15
Some Hearing Loss	110	18	92	30
Delicate	224	54	170	72
Educationally Subnormal	798	110	688	145
Epileptic	81	22	59	33
Maladjusted	15	8	7	9
Physically Handicapped	545	124	421	147
Speech Defective	18	5	13	6
	1,918	366	1,552	474

SCHOOL REPORT OF THE PRINCIPAL DENTAL OFFICER

This Authority now has twelve dental clinics fully equipped and in use on either a full or part-time basis. The number of surgeries available in these twelve clinics comprises nineteen, of which sixteen are at present in use. The three surgeries not in use have basic furniture and facilities such as cupboards, sinks, lighting, etc., but dental units have not yet been provided. It is hoped to rectify this position when money becomes available for this purpose, and to staff them with dental auxiliaries.

There are (excluding orthodontists) seven whole-time and four part-time Dental Surgeons. This means a whole-time equivalent of nearly nine Dental Surgeons, with the prospect of one more whole-time Dental Surgeon commencing duty in the School Dental Service early in the New Year. This is the highest number of professional dental officers ever to have been employed by the Council. In order to maintain this situation and to achieve a full establishment every effort is being made to contact final year students. It is hoped to arrange talks to student organisations to bring to their attention the wide scope and variety of work being carried out by the Dental Service of this Authority.

This year saw the creation of a "promotion ladder" when one Area and four Senior Dental Officers were appointed. For administrative purposes the County has been divided into two approximately equal areas (East and West) with an Area Dental Officer responsible for the eastern half. All Senior Dental Officers have been given additional responsibilities other than just supervision of an auxiliary of which there are two at present on the staff. We are determined to achieve a well integrated and informed team to cope with the very large problem of dental disease to be found in this County.

The year 1968 has shown an all round increase in the amount of work carried out; the number of inspections is almost double that of last year. It is naturally hoped that this trend will continue in the New Year, but a great deal depends on the Authority's approach to staffing and equipment problems. As the year has shown, much can be achieved ! The busiest clinic in the County is Shrewsbury which, unfortunately, is sadly in need of renovation; more surgeries are required and also a complete readaptation of the premises to improve the efficiency and to increase the facilities available. As a great statesman once said, not so long ago, "Give us the tools and we will finish the job".

Work done during the year (these figures **include** those relating to the Mobile Dental Units):

Attendances and Treatment:	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 & over*	*Total*
First Visit	3,592	3,731	976	8,299
Subsequent visits	5,180	7,553	2,185	16,646*
Total visits	8,772	11,284	3,161	24,945*
Additional courses of treatment commenced	494	459	120	1,073
Fillings in permanent teeth	4,835	11,693	3,806	20,334
Fillings in deciduous teeth	4,410	287	—	4,697
Permanent teeth filled	3,509	9,657	3,278	16,444
Deciduous teeth filled	3,917	252	—	4,169
Permanent teeth extracted	283	1,899	499	2,681
Deciduous teeth extracted	5,549	1,643	—	7,192
General anaesthetics	2,016	1,254	186	3,456
Emergencies	899	525	111	1,535
Number of Pupils X-rayed				707
Prophylaxis				2,643
Teeth otherwise conserved				811
Number of teeth root filled				55
Inlays				29
Crowns				66
Courses of treatment completed				6,522

*In each of these cases the total includes 1,728 additional visits which were carried out by the Dental Hygienist.

Orthodontics:

New cases commenced during year	177
Cases completed during year	177
Cases discontinued during year	8
Number of removable appliances fitted	232
Number of fixed appliances fitted	65
Pupils referred to Hospital Consultant	2

Prosthetics:	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 & over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	1	—	—	1
Pupils supplied with other dentures (first time)	7	29	23	59
Number of dentures supplied	13	40	33	86

Anaesthetics:

General Anaesthetics administered by Dental Officers	194

Inspections:

(*a*) First Inspection at school. Number of Pupils	11,752
(*b*) First Inspection at clinic. Number of Pupils	5,099
Number of (*a*) + (*b*) found to require treatment	12,743
Number of (*a*) + (*b*) offered treatment	11,863
(*c*) Pupils re-inspected at school or clinic	1,570
Number of (*c*) found to require treatment	1,068

Sessions:

Sessions devoted to treatment	3,877
Sessions devoted to inspection	121
Sessions devoted to Dental Health Education	151

Under the provisions of Section 78 of the Education Act, 1944, all the pupils (approximately 90) of Condover Hall School for the Blind were dentally examined and treatment carried out as necessary.

C. D. CLARKE, *Principal Dental Officer.*

SPEECH THERAPY

A pattern of progress, involving two steps forward and one step back, now seems well established and this "dance routine" of the Speech Therapists in the year 1968 brought about the following result:

The year commenced with four full-time and three part-time Therapists, giving the equivalent of the full establishment of five.

In July Mrs. Pedley, one of the part-time Therapists, resigned and this vacancy was filled in September by Mrs. Avison, who carried on doing the same number of sessions. In December Miss Evans, one of the full-time Therapists, and Mrs. Maughan, part-time, resigned and in the first week of 1969 Mrs. Blackmore, full-time, also resigned.

The number of Therapists starting the first term of 1969, therefore, is two full-time and two part-time, giving an equivalent of three full-time Speech Therapists.

It is worth mentioning that, at the time of writing, one of the full-time Therapists has submitted her resignation and the other has also intimated that she may leave the County later in the year.

The reasons for these ladies leaving our employment are in two cases to have babies, in two other instances to take up appointments in neighbouring Counties where the inducements are increases in salary and school holidays; and the other person will be returning to the South Coast.

In September Miss Caswell attended a Refresher Course organised by the College of Speech Therapists which was held at the University of Reading. The general theme of this Course was "Language Disorders and their Assessment" and on her return Miss Caswell gave a resumé of the proceedings to a meeting of the Therapists on our staff.

During the year close liaison was maintained with the Child Guidance Team and it was a great help to have a joint meeting with the Educational Psychologists in order to discuss various types of intelligence tests in use.

At the end of 1968 Speech Therapy Clinics were being held at the following Centres:

	Morning	Afternoon	Evening
Monday ..	Katharine Elliot School Petton Hall School Dawley C.H.C.	Wellington C.H.C. Petton Hall School Market Drayton C.H.C. Condover Hall School	
Tuesday ..	Katharine Elliot School Bishop's Castle C.H.C. Haughton Hall School Murivance C.H.C.	Eye, Ear and Throat Hospital Murivance C.H.C. Haughton Hall School Albrighton County Jr. School	Eye, Ear and Throat Hospital
Wednesday	Katharine Elliot School Whitchurch C.H.C. Overley Hall Madeley C.H.C.	Oakengates C.H.C. Dawley C.H.C. Pontesbury Centre Albrighton County Jr. School	
Thursday ..	Donnington Infants' School Teagues Bridge Infants' School Ludlow C.H.C. Newport C.H.C.	Eye, Ear and Throat Hospital Ludlow C.H.C. Murivance C.H.C.	
Friday ..	Katharine Elliot School Church Stretton Junior School Bridgnorth C.H.C.	Bridgnorth C.H.C.	

Continuing the visits made to some of the schools in the County during the last quarter of 1967, in order to complete the survey designed to assess the number of pupils requiring speech therapy, the following results were obtained:

Year	Number of Schools in County	Total School Population	Number of Schools Visited	Population of Schools Visited	Number of Pupils Examined	Number of Pupils Requiring Speech Therapy	Number of Pupils Already Receiving Speech Therapy
1967	281	50,840	131	18,924	778	527	62
1968	281	52,224	137	24,666	772	468	72
TOTALS	—	—	268	43,590	1,550	995	134

This gives an incidence of speech defects of 2.5% among registered pupils in the schools visited.

During the year 1968 the total number of children who were given speech therapy was 865 and the following tables give particulars of the conditions which necessitated their attendance.

Condition	Cases discharged during year	On Register 31st Dec., 1968
Stammer	30	50
Cleft Palate	2	15
Severe Dyslalia	52	86
Nasality + or —	4	6
Dyslalia	124	269
Voice defect	3	4
Mongolism	—	17
Non-communicating	3	5
Partially Hearing	7	7
Educationally Subnormal ..	7	11
Dysarthria	7	13
Mixed defect	8	17
Dysphasia	4	7
Mental defect	3	5
Language defect	19	80
TOTAL ..	273	592

These totals include 9 children from 2 neighbouring Counties, the latter paying the Shropshire Education Authority for their treatment.

CASES TREATED

On Register 1st January	New Cases during year	Cases discharged during year	On Register 31st December
420	445	273	592

CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit from further treatment: Slightly Improved	Unlikely to benefit from further treatment: Unimproved	Left School or Ceased	Referred to Other Services	TOTAL
144	33	9	2	47	38	273

In a small number of cases discharge is temporary and children can attend later for further treatment.

In addition:

218 children made single visits to Centres for advice.

319 visits were made to individual homes.

155 visits were made to schools to see children and discuss cases with teachers.

In all 865 children having regular treatment in the County made a total of 6,574 attendances.

At the time of writing there are 499 children waiting for treatment and also 373 who are under periodic review. It is hoped that during the coming year we will be able to obtain a full establishment of staff and tackle this serious problem.

E. PAULETT,

Senior Speech Therapist.

AUDIOLOGY

Another in-service training course was held in June for three Medical Officers and six Health Visitors and, following some resignation of staff, the clinical Audiology Team of the Health Department at the end of the year comprised:

1 Audiologist
7 Medical Officers
20 Health Visitors
2 Audiometrician/Vision Testers.

In June a second Audiometrician was appointed and these two ladies, after further training, now combine their hearing screening tests with vision screening, the latter being by use of a portable vision testing machine. This scheme is referred to on page 7 under "Treatment of Eye Conditions". At present this work is being carried out only in Primary Schools but when it is possible to increase the establishment to three, children of Secondary School age will also benefit from this service. This combined testing of hearing and sight allows for a maximum of forty children to be tested at one session but this number is variable and dependent on the age of the children and the organisation of the school.

In March one Medical Officer attended a short course at The Institute of Laryngology and Otology in London on "The Diagnosis and Treatment of the Deaf Child" and at the same Institute in November one Health Visitor attended a course on "Detection of Deafness in Young Children for Health Visitors". Refresher courses for the Audiology Team were held in the Health Department in January and December and specialists in various aspects of audiology presented papers on their subjects.

The Audiologist attended the IX International Congress of Audiology held in September at the Royal College of Surgeons, London, and in October was a delegate at a symposium on Deaf Education and Equipment held in Sheffield.

Early in 1968 the film "Audiology with Children" was returned from processing in final form. The making of this film was the first such project attempted by the Health Department and thanks are due to Mr. H. Booth, Visual Aids Officer in the Education Department, for his excellent camera work, general help and advice. The production, editing and commentary was the work of the Audiologist. The result, in colour on 16 mm. optical sound film, is very satisfactory and the running time is twenty-five minutes. The film was first seen by the Education (School Health and Welfare) Sub-Committee, and the Health and Education Committees, and this was followed by a public showing to an invited audience. This included those persons who co-operated in the making of the film and members of various organisations in the County. The demand to see the film has since grown and in the last few months of the year it was shown at least twenty-five times to audiences such as Consultants, Medical Officers, Teachers, Student Nurses, Parent/Teacher Associations, Handicapped Children's Societies, Women's Organisations and schools. These showings have not all been in this County as requests to view it have come from several other parts of the country.

In July, at the opening of Sutton Hill Community Centre in Telford New Town, great interest was shown by the public in a display of audiology and vision testing equipment given by the Health Department. Later in that month the Audiologist spent a week in Durham organising, lecturing and demonstrating at a training course for forty Health Visitors.

Throughout the year talks have been given to various groups including school children engaged in special projects, teachers, parent associations and various other organisations—on one memorable occasion the Audiologist was introduced as "The County Ornithologist—" !

In September another week-end residential course was held for parents of hearing impaired children. This was well attended and the speakers, who included an Otologist, a lecturer from the Department of Education of the Deaf, Manchester University, the Head Teacher of a Residential School for Partially Hearing Children and a Missioner for the Deaf, were excellent and very well received. It was pleasing on this occasion to have the presence and support of Mrs. B. E. Marsh, Chairman of the Education (School Health and Welfare) Sub-Committee, and Dr. L. A. Hamar.

Three special meetings for teachers were arranged, in conjunction with Miss J. Finch, Primary Schools Advisor in the Education Department, at Oswestry, Market Drayton and Shrewsbury. These were designed to enable the teachers to meet the Audiologist and Peripatetic Teacher of the Deaf in order to discuss in detail any matters concerning the detection and education of hearing impaired children. It is disappointing to report that only one of these meetings could be considered well attended.

The very close link with the Royal Air Force Hospital, Cosford, has been maintained and each month a Hearing Assessment Clinic is held in the Hospital. These are attended by a Medical Officer, the Audiologist and the R.A.F. Specialist in Oto-rhino-laryngology and the work completed is of great help, not only to the patient, but to the School Health Service.

The appointment of a Peripatetic Teacher of the Deaf in September by the Education Department has provided the team with a new member and the frequent meetings and joint work are invaluable. His report appears on page 35.

Infant Hearing Tests.—During the past year 1,261 babies (out of 5,642 live births attributable to the County) were placed on the "at risk" register. Testing of these babies and of many others who are referred by parents, doctors and Health Visitors is usually made when they have reached the age of 8—9 months and during the year the number tested at the 161 clinics held was 1,554, the results being summarised in the following table:

INFANT HEARING TESTS PERFORMED

	Tested	Passed	Failed or did not co-operate		
			For Retest	For Medical Audiology Clinic	To be seen by Audiologist
New cases ..	1,445	1,282	139	21	3
Review cases ..	109	75	24	9	1
TOTAL ..	1,554	1,357	163	30*	4†

*Of these 30 cases: 13 are to have further hearing tests;
8 were discharged with normal hearing;
6 subsequently attended the Hearing Assessment Clinic and the issue of a hearing aid was recommended in one case and operative treatment in another;
3 did not attend for follow-up testing.

†These 4 cases have now been referred to Medical Audiology Clinics.

Sweep Frequency Testing

SWEEP FREQUENCY TESTS PERFORMED

Category	Tested	Normal	25/30 db loss Surveillance at School	Hearing Suspect
Primary School Children	11,031	9,517	929	585
Suspected Deafness ..	27	13	8	6
Backwardness	27	20	3	4
Speech Disorders	16	13	1	2
TOTAL ..	11,101	9,563	941	597

As previously reported, the failure threshold for sweep frequency testing in schools has been raised from 25 db to 30 db and the children who failed at the 25 db level but pass at 30 db are referred for observation by the school teaching staff. In 1966 there was a failure rate of 10.27% but in 1968 this procedure resulted in a failure of 5.38% and this has, of course, reduced the number of children who would have otherwise been flooding into Medical Audiology Clinics.

Medical Audiology Clinics.—The failures at sweep frequency testing in schools and also other children who have been referred by School Medical Officers, Speech Therapists, Teachers of the Deaf, Medical Practitioners and Hospital Specialists are all seen at the Medical Audiology Clinic. These Clinics are staffed by one of the Medical Officers trained in this work, or the Audiologist, and one trained Health Visitor.

As the table below shows, the degree of hearing loss is graded from slight to extreme and it is interesting to note that of the 2,768 examinations made, 45% of the children were discharged and a further 36% were found to have only slight loss of hearing.

During 1968, 358 clinics were held and 2,768 detailed hearing tests were made with the results indicated below:

Referred by	Cases	No. Referred	No. Tested Age Groups			Discharged	Type of Hearing Loss—For Review						Total New Cases	Total Review Cases
			Under 5	Primary	Secondary		Slight	Mild	Marked	Severe	Extreme	Not Classified		
Sweep Test	New	1,160	—	898	7	486	278	60	25	1	—	55	905	—
	Review	837	1	553	96	225	273	73	25	2	1	51	—	650
School Medical Officer	New	461	1	257	52	169	93	18	11	—	1	18	310	—
	Review	364	1	209	58	107	107	30	12	1	—	11	—	268
Family Doctor ..	New	42	—	33	2	15	13	2	—	1	—	4	35	—
	Review	32	1	19	2	8	10	2	1	—	—	1	—	22
Health Visitor/School Nurse	New	63	2	38	6	29	10	5	—	—	—	2	46	—
	Review	47	—	30	5	7	17	6	4	—	—	1	—	35
2 H.P. Case	New	119	—	43	17	50	4	1	—	—	—	5	60	—
	Review	22	—	6	13	7	7	2	1	—	—	2	—	19
Deaf Teacher	New	4	—	2	2	2	—	1	1	—	—	—	4	—
	Review	18	—	12	4	4	11	1	—	—	—	—	—	16
Head	New	14	—	7	4	5	4	1	—	—	—	1	11	—
	Review	31	—	19	8	8	11	2	3	2	—	1	—	27
Speech Therapist ..	New	34	—	25	—	14	4	1	1	—	—	5	25	—
	Review	31	—	20	6	5	8	4	6	—	—	3	—	26
Aural Surgeon ..	New	59	5	39	4	20	16	3	3	—	—	6	48	—
	Review	82	2	47	16	19	30	7	4	2	—	3	—	65
Infant Assessment Clinic	New	13	6	5	—	4	5	—	1	—	—	1	11	—
	Review	35	5	20	—	3	10	6	3	—	—	3	—	25
Parent	New	93	2	67	6	35	23	9	4	—	—	4	75	—
	Review	79	1	56	8	25	30	4	—	—	—	6	—	65
Others	New	20	1	12	1	7	5	—	1	—	—	1	14	—
	Review	6	—	5	1	2	1	1	—	—	—	2	—	6
TOTALS ..		3,666	28	2,422	318	1,256	970	239	106	9	2	186*	1,544	1,224
			2,768			2,768							2,768	

*This figure includes cases where the Medical Officer was unable to diagnose definitely any permanent hearing loss. The children concerned may, at the time of examination have been suffering from such conditions as colds, catarrh, etc., or have had wax in the ears. In order not to inundate the Otologist with unnecessary referrals these children were called for further investigation before a final decision or recommendation was made.

Following attendance at the above Clinics, recommendations and referrals were made as follows:

Recommended to sit in an advantageous position in class	153
Notified to the Head of the School for information and guidance	146
Notified to the Teacher of the Deaf to visit and advise in school	17
Referred to—Speech Therapist	24
—Educational Psychologist	26
—Family doctors for treatment	16
—Ear, Nose and Throat Specialists	16
—Hearing Assessment Clinic, for a final decision on operative treatment, special educational placement or the provision of a hearing aid	225
—Youth Employment Officer	2
—County Welfare Officer	3
—Dentist	1
—N.S.P.C.C. Inspector	1
—Admission to Partially Hearing Unit	2

Commercial Hearing Aids.—For certain pupils suffering from specific types of hearing defects, the ordinary National Health Service "Medresco" hearing aid is not entirely suitable, and in such cases, on the recommendation of the Aural Surgeon and Audiologist, a special commercial hearing aid is provided by this Authority. In 1968 three such hearing aids were provided for Shropshire pupils.

Hearing Assessment Clinics.—These are attended by Mr. E. N. Owen, F.R.C.S., Aural Surgeon to the Eye, Ear and Throat Hospital, Shrewsbury, the Audiologist, a Teacher of the Deaf, an Audiology Technician from the Hospital Group, one of the School Medical Officers and one of the specially trained Health Visitors. Those held at R.A.F. Cosford are attended by the Senior Specialist in Otorhinolaryngology, a School Medical Officer and the Audiologist.

Each child is thoroughly assessed by the Specialists in attendance and the parents are advised and given any help and guidance required. The family doctor is notified that the child will be attending for assessment and is always advised of the outcome, as are the Head Teacher of the child's school and the Education Department.

In 1968, 41 Hearing Assessment Clinics were held and 378 appointments were offered. The acceptances were 291, giving an attendance rate of 77%. The following recommendations were made for 267 children:

Provision of *Medresco* (N.H.S.) Hearing Aids	27
Provision of commercial Hearing Aids	3
Admission to the Partially Hearing Unit	1
Operative Treatment or X-Ray	98
Reference to other Consultants for treatment	1
Reference to Family Doctor for treatment	8
Referred to other services	5
Recall for review at Assessment Clinic	18
Review at Medical Audiology Clinic	112
Special Home Visits by Audiologist or Health Visitor	5
Discharged	5

One of the Assessment Clinics was devoted entirely to the placement of children attending the Partially Hearing Unit and the following recommendations were made:

Admission to Haughton Hall	1
Admission to ordinary school	4
Admission to Partially Hearing Unit for Secondary Children	3
To remain at Junior Partially Hearing Unit	1

The neighbouring County of Montgomery make use of the Hearing Assessment Clinic facilities and children are brought to the Clinic in Shrewsbury, a charge being made for these services. We have enjoyed discussing these children with the Deputy County Medical Officer of Montgomery and it was necessary on one occasion for the Audiologist and Peripatetic Teacher of the Deaf to arrange a case conference with the Medical Officer and Educational Psychologist from Montgomeryshire. This was also attended by the child, her parents and class teacher, the meeting being held, at a half-way point, in Oswestry Child Health Centre.

Use is made by District Council Public Health Inspectors of the services of the Audiologist in connection with investigations into nuisances from noise.

Once again I would like to thank the staff of the School Health Section for their hard work and help in the running of the Audiology service.

E. PAULETT,

Audiologist/Senior Speech Therapist.

PARTIALLY HEARING CHILDREN

Mr. J. P. Jones, who commenced duty at the beginning of September, 1968, as Teacher in Charge at the Unit for Partially Hearing Pupils at Meole Brace Modern School and also Peripatetic Teacher of the Deaf for the County, gives the following interesting description of his work:

"**Original Aims**:

(1) To organise an efficient filing system and to bring the files up to date.
(2) To remove from our files the names of children who had left school, or the district.
(3) To find out the names of children who had changed schools, e.g. moved from primary to secondary schools, etc.
(4) To check all those children in ordinary schools who have hearing aids to see whether they still needed to retain them.
(5) To assess the educational attainments of these children.
(6) To select those children who are in need of help.
(7) To try to arrange remedial help where necessary.

Establishments Visited	Number	Number of Children Seen	With Aids
Nursery/Infant/Primary ..	34	66	21
Secondary Schools	16	38	29
Special Schools	4	7	7*
Technical College	1	1	—

*One child needed to wear aid only when required.

Fuller reports were obtained on children issued with aids. The reports gave details of aid, conditions of aid, details of hearing for speech, details of speech and school progress. It was felt that a number of children had aids which they no longer used, or needed to use only occasionally.

Reports on children issued with aids:

Primary School Children:

Aids withdrawn	2
Aids needing to be worn only occasionally	3
Children who should wear aids all the time	16 (1 transferred to Partially Hearing Unit)

Comments.—11 of the third group are not doing well at school. They need help with Auditory Training, Lipreading or Language.

Secondary School Children:

Aids withdrawn (or to be so in near future)	8
Aids worn occasionally	10
Children who should wear aids all the time but who are not doing so	11
Children requiring Auditory and Speech Training ..	2

Pre-School Children:

Children Seen	With Aids
7	5*

*One child recommended by Department of Education of Deaf, Manchester University, not to wear an aid.

One child has been admitted to a Partially Hearing Unit.

Problems:

(1) Children absent on days they were visited, even though prior notice had been given.

(2) Children who will not wear aids (mainly in secondary schools).

(3) Headmasters who themselves cannot get on with hearing aids, even though they ought to wear them, and who tend not to encourage the children to wear them.

(4) Comprehensive schools promote special problems. Their complex chains of responsibility plus their sheer weight of numbers makes visiting a little difficult. With the increase in the number of comprehensive schools, constant staff turnover will add to the problem.

Time spent on functions other than school or home visits:

Teaching at the Partially Hearing Unit at Meole Brace Modern School (one day per week).

Courses for teachers in normal schools interested in partially hearing children. The courses were held at Oswestry, Shrewsbury and Market Drayton.

Case Conferences—approximately one session per month with Mr. E. Paulett, Audiologist.

One day Audiology Refresher Course.

Visit to Manchester University for discussions about a child under review there.

Attendance at Hearing Assessment Clinics—approximately three sessions per month.

Collecting Hearing Aids and spares.

Educational assessment of one child outside the County.

Future Plans and Aims.—These may be summarised as follows:

(1) To complete the survey of children issued with aids.

(2) To arrange remedial help where necessary.

(3) To work with Mr. Paulett to produce a booklet for use in ordinary schools. The booklet would give such information as:

The nature of the handicap; educational implications of hearing impairment; the limitations of lip reading; the importance of clear speech; the use of aids; psychology of deafness; language; seating, etc.

(4) To build up a reference library on deaf education.

(5) To help Mr. Paulett to arrange more courses for teachers in ordinary schools who have partially hearing children in their classes. The chief problem here is how to enable such teachers to attend during school time, having regard to their teaching commitments. Such courses would consist of suitable films, film strips and other media to supplement short talks and practical demonstrations."

CHILD GUIDANCE SERVICE

Dr. Benady, Consultant Child Psychiatrist, gives the following account of the work carried out by the Child Guidance Service during 1968:

"This year we were sorry to lose Mrs. Garrard, who left us for personal reasons. Her patients miss her greatly and she will be hard to replace. Miss Corfield joined us as a trainee Psychiatric Social Worker in August and Dr. Cartwright is now our training registrar on the medical side. Dr. Pemberton continues to help us one day a week. We were also sorry to lose Mrs. Ruff, who left to have her baby and she was replaced by Miss J. Coffey. During the past year, also, we had three social case work students from Keele University who came to us for training purposes. We enjoyed having them and they kept us alert by their questioning.

The number of patients seeking our help continues to increase, although fortunately the rate is not as high as last year. However, the remaining load on the clinic staff is at the very high level of 820 children and their families. Nevertheless, we realise that quality matters as much as quantity and we hope that the quality of our treatment remains at the high professional level at which we all like it to be. We are treating many more families as such and our techniques of family interviewing are developing continually. Often the person needing the most help has not been the referred child, but one of his siblings or one or both of his parents. We also continue to give an individual service when it is required.

The co-operation of all referral agencies continues within the present administrative structure and whatever changes may be envisaged in social work administrative structure, e.g. Seebohm or the Green Paper, our basic clinical field work is bound to continue along its present lines.

Unfortunately, the same thorny gaps remain in our service that existed in the past. Severely disturbed young children and adolescents are not being coped with as well as they could be due to the lack of funds to set up community facilities for them. Hospital facilities, too, are scarce, but it is hoped that they will increase in the near future, although they are not always the best answer to the problem.

If we look at the summary of work done in the clinic, it must be stressed that the reasons for referrals are those given by the referring agencies and not our final diagnostic labels. In fact the great bulk of cases classified under psychosomatic disorders are made up from children suffering from night wetting, for whom the clinic gives a first class service even though the assessment of each case may take up to three or four hours of clinic time.

Sooner or later the development of a Child/Family Guidance service will have to be faced in the new town where we are now operating the Dawley Clinic on one day a week due to the continuing help we are receiving from our senior registrar, Dr. Pemberton.

All the professional clinic staff have given talks or lectures in the past year about various aspects of child development, usually in their spare time.

By and large the clinic has seen another hard-working year, to the benefit, we hope, of our clients."

Summary of work done during 1968

Total number of new referrals		472
Unco-operative	10	
Awaiting appointments	17	
Total number of new cases seen:		
445 + 48 awaiting appointments from last year		493
Old cases re-referred for further help		49
Treatment cases carried forward from previous years		278
TOTAL CASE LOAD		820

Sources of referral:		%
Head Teachers	115	(24.4)
Principal School Medical Officer	124	(26.2)
Parents	33	(7.0)
Consultants and Private Doctors	150	(31.8)
Probation Officers	13	(2.8)
Miscellaneous: e.g. Children's Officer, Mental Hospital, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	37	(7.8)

Reasons for referral:		
Difficulties in school—either in specific subjects, general behaviour or general attitude to work	33	(7.1)
Nervous conditions such as night terrors, anxiety conditions, stammering and timidity	101	(21.4)
Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy and pilfering	153	(32.4)
Psychosomatic disorders—e.g. asthma, disorders of locomotion, sleep, feeding and evacuation	159	(33.7)
Miscellaneous reasons—vocational guidance, etc.	26	(5.4)

Number of new cases seen by Psychiatrist:		248
Diagnostic interviews only (27 passed to psychologists for treatment)	104	
Diagnostic interview and survey (1 passed to Psychologist for treatment)	12	
Taken on for treatment	132	
Treatment load carried forward from previous years	210	
TOTAL TREATMENT LOAD	458	

Number recommended for Maladjusted Schools:	
Trench Hall	22
6 awaiting admission; 2 subsequently settled in ordinary school; 17 admitted during 1968: (2 recommended in previous year; 1 re-admission)	
Independent Schools	6
Maintained Schools	4

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. vaccination against Tuberculosis is available, with parental consent, to:

(*a*) school children in the year preceding their fourteenth birthday;

(*b*) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education; and

(*c*) whole school classes, which may include a few children under 13 years, for convenience.

The following table gives particulars of schools visited for B.C.G. vaccination purposes during 1968, with comparative figures for 1967.

	Maintained and Grant-aided Schools		Independent Schools		Totals	
	1967	1968	1967	1968	1967	1968
Schools visited	39	50	20	20	59	70
Children tested	3,372	3,609	522	503	3,894	4,112
Reactors—positive	140	163	53	54	193	217
—negative	3,057	3,137	458	430	3,515	3,567
Not read	175	309	11	19	186	328
Children vaccinated	3,006	3,058	442	416	3,448	3,474
Negative reactors not vaccinated	51	79	16	14	67	93

One Independent and three Maintained and Grant Aided Schools were visited twice during the year, which brings the number of visits paid to schools to 74.

Also skin-tested during the year were 133 children who had been given B.C.G. vaccination in the past. Of these, 122 revealed positive reactions; 2 were negative, but revealed positive reactions when further skin tested with a stronger solution, and 9 were negative and given B.C.G. vaccination.

The acceptance rate for B.C.G. vaccination for 1968 was 94.5%.

In addition, a special survey was made at four schools where children had been in contact with known cases of Tuberculosis:

	Tested	*Positive Reactors*	*Negative Reactors*	*Not Read*	*Negative Reactors Vaccinated*
Children (all ages) ..	452	38	380	34	—*

N.B.—These figures are not included in the above table.

*The majority of the negative reactors were pupils under thirteen years of age and, therefore, too young for inclusion in the general scheme for B.C.G. vaccination of school children which was in force in 1968. They will be re-tested when they reach 13 years of age.

Chest Radiology.—Appointments for chest X-ray are offered to all positive reactors and also to their home contacts. In addition, pupils who have had large Mantoux reactions (induration 15 mm. or more) have follow-up X-rays four months and sixteen months after their initial chest X-ray. (By the Wolverhampton Chest Radiology Service only, not by the Stoke-on-Trent Service).

During 1968 some 69 children had large positive reactions.

The table below summarises the results of all cases investigated by the Stoke-on-Trent and Wolverhampton Chest Radiology Units:

	Pupils	*Home Contacts*	*Staff*
Cases investigated	514	193	79
Recalled for large film examination ..	7	3	—
Cases of tuberculosis discovered	—	—	—

(Included in the above figures are 64 staff and 319 children from the schools at which a special survey was made. One school child was recalled for large film examination).

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officers opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parental consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents". Propaganda methods, including the display of posters, are also used from time to time to remind the public of the importance of immunisation.

During 1968, the total number of children *of school age* who were primarily immunised was 456; of this number 377 were treated by School Medical Officers and 79 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Booster immunisation against diphtheria, tetanus and poliomyelitis and re-vaccination against smallpox is offered to children at school entry (5 years) and excluding diphtheria again to children aged 15 to 19 years on leaving school. Parents have the choice of their children being given the necessary doses either at school or by their family doctors.

Of 4,278 school children given "booster" doses in 1968, some 2,336 were dealt with by the School Medical Officers and 1,942 by general medical practitioners.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years.

		1949—53	1954—58	1959—63	1964—68
Notifications ..	Total	8	—	1	—
	Annual average	1.6	—	0.2	—
Deaths	Total	1	1*	—	—
	Annual average	0.2	0.2	—	—

*Death of elderly woman, assigned by Registrar-General; C. diphtheria not found.

VACCINATION AGAINST SMALLPOX

During the year, 193 children between the ages of 5 and 14 years were vaccinated against Smallpox. Of this number, 46 vaccinations were performed by School Medical Officers and 147 by general medical practitioners.

In addition, 785 children were re-vaccinated, 485 by School Medical Officers and 300 by general practitioners.

VACCINATION AGAINST MEASLES

Children can now be protected against measles by a single injection of a vaccine which may be offered to all children up to 15 years old who have not been protected either by previous immunisation or by an attack of the natural disease.

Vaccination was first offered at the end of May to children in the 4 to 7 year age group who were considered to be more at risk. As supplies of the vaccine became more plentiful the scheme was extended to include children aged 1 to 15 years.

Of the 9,604 vaccinated in this latter age group, 6,731 were dealt with by County Council Medical Officers and 2,873 by General Practitioners.

VACCINATION AGAINST POLIOMYELITIS

Some 630 children between the ages of 5 and 15 years received primary vaccination with Sabin (Oral) vaccine during the year and, of these, 494 were dealt with by County Council Medical Officers while the remaining 136 received their doses from General Practitioners.

In addition, a further 5,460 children in the same age group were given fourth (or booster) doses, 3,453 by County Council Medical Officers and 2,007 by General Practitioners.

IMMUNISATION AGAINST TETANUS

Of the 1,060 children who received primary immunisation against tetanus, 843 were dealt with by School Medical Officers and the remaining 217 by general practitioners. Of a further 5,504 children who received booster doses of tetanus antigen mainly in conjunction with diphtheria boosters by means of combined vaccines, 3,122 were immunised by School Medical Officers and 2,382 by Practitioners.

HEALTH EDUCATION

During the year, 257 health education talks, largely illustrated by films, were given to schools and allied audiences, making a total audience of 10,756 pupils and parents. These talks were the results of requests from Heads of schools or from parent-teacher groups. Requests came mainly from secondary schools but a total primary school audience of 4,815 pupils received 55 talks with films.

Talks ranged from the general to more specific treatment of health principles and practice, and they were given by members of staff whose work takes them into the schools, that is, by Medical Officers (17), Dental Officers (5), Health Visitors and School Nurses (21), the Audiologist/ Senior Speech Therapist, Senior Chiropodist, Health Education Lecturer, and Health Education Officer. The demand continues for talks on personal hygiene (literally "health" but connected

by implication with cleanliness, good habits and similar factors), food hygiene (more particularly hand-washing, droplet and skin infection), together with such topics as dental health, immunisation and the spread of infection. Home safety continues to be in fair demand. The highly controversial subject of drugs and their misuse has stimulated requests for informative talks. Parentcraft talks are more and more widely asked for. The latter three topics are naturally of greatest value to impending school leavers.

In recent years the series of talks offered on personal relationships and the interrelation of the sexes in our society (which is popularly known as our "Learning to Live" programme) continues to be more widely and well received. Indeed it is taking on the character of an annual event, by arrangement, in the majority of our secondary schools.

The launching of our own 16 mm. film "Audiology with Children" has led to a growing stream of requests for talks on the services for children with hearing deficiencies from schools, parents and handicapped children's organisations and groups.

Smoking and Health.—Five specific requests were received for talks in schools where, by inference, the incidence of smoking was regarded as needing special discouragement from external and authoritative sources. In most of the 33 hygiene talks, warning was given of the consequences of addiction to cigarettes.

The following tables give some indication of the nature and scope of this service, and its consistent expansion may be taken as an index of the need for it.

TALKS IN SCHOOLS

Schools	Number	Audiences
Primary	55	4,815
Secondary	184	5,533
Further	9	161
Parents/Teachers ..	9	247
TOTALS ..	*257	*10,756

*With films 135; 7,984

SUBJECTS OF SCHOOLS TALKS

Subject	Visual Aids		Unsupported	
	Schools	Audiences	Schools	Audiences
Audiology	2	140	4	100
Parentcraft	5	158	6	385
Venereal Diseases / Family Planning	11	208	16	340
Learning to Live ..	41	1,207	62	1,190
Health and Hygiene	29	1,753	2	27
Food Hygiene ..	2	275	—	—
Home Safety	11	1,027	—	29
Dental Health ..	22	2,460	19	548
Drugs	6	210	6	121
Miscellaneous ..	6	456	7	122
TOTALS ..	135	7,894	122	2,862

"LEARNING TO LIVE"

Where Heads of Secondary Schools have requested sex education programmes, courses are arranged by Mrs. Jean Owen, a professional teacher recruited to the staff of the County Health Department, who writes as follows:

"The comparative figures of courses completed show that in the four years since the "Learning to Live" Programme on Personal Relationships and Sex Education was made available, the number of requests from schools has doubled. The service has been extended to independent schools and in nearly all schools the age at which the programme is taken has fallen. Where the programme has been operating longest, it is customary for the pupils to have their first programme with me at entry into the secondary school, followed by another at about thirteen years with subsequent additions at later stages in their school life.

The facts of reproduction are well received before the age of emotional involvement, particularly as the product of the modern Primary school is a child of awareness and mental maturity. There is no segregation of the sexes in mixed schools. The Heads of boys' schools ask for the programme as frequently as the Heads of girls' schools. Co-operation of parents and teachers is necessary for success and the increasing number of Parent Teacher meetings and conferences in connection with the school programme is a good sign. In particular, the six talks which took place during the year with Home Economics Teachers in various districts of the County were very welcome. Everyday counselling by teachers is most important to the young person in a complex modern world.

The development of a programme is particular to each school and many take advantage of additional talks undertaken by Medical Officers, Health Visitors and Midwives on Venereal Diseases, Childbirth and Drug Addiction, etc. The basic Programme of Sex Education still consists of three meetings. The aim of these programmes in schools is to help our young people to attain happy maturity through greater understanding of the fascinating but sometimes confusing world of personal relationships".

The following table indicates the comparative growth of this service during the course of the last three years:

	1968	1967	1966
Courses completed (three meetings per course) ..	113	63	71
Parent Teacher Meetings	17	5	5
Other talks on the subject of the Programmes in schools given to adult audiences by Mrs. Owen ..	14	7	6
Approximate numbers involved—Pupils	4,520	2,520	2,840
Approximate numbers involved—Adults	1,240	480	440

PHYSICAL EDUCATION

The following report has been provided by Mr. J. W. Beswick, Physical Education Adviser:

"**Shropshire Schools Field Centre.**—The demand for places at the Centre was maintained at a high level and continued as in former years to be over subscribed. Once again the requests covered the full range of courses offered in field studies and outdoor pursuits.

Building work continued in permanent accommodation for 40 in double bunk dormitories and for staff will be taken into use in 1969 so the full programme will be carried out from Easter, 1969. The use of tented accommodation will continue during the summer months.

The total attendance at the Centre at Arthog, Merionethshire, this year was 793 pupils from 13 schools and 61 staff.

All the children attending the Centre are examined before departure by a School Medical Officer and must be certified free from infection and verminous infestation before being allowed to proceed. Arrangements are made with a local Medical Practitioner to provide medical services at the Centre when needed.

Swimming.—The school swimming programme was curtailed this year on two accounts: (*a*) the alterations and additions to Shrewsbury Baths, (*b*) the monetary situation and restrictions.

The only new bath that came into use during this year was the one provided by the Newport Swimming Committee as a public pool. The schools and public use this 25 metre bath to its fullest extent.

Because of the restrictions mentioned above the number of awards gained will obviously not be increased as much as they have in previous years. The area awards were:

Amateur Swimming Association awards: 205. Royal Life Saving Society awards: 504.

The swimming clinic for the good swimmers continued in two centres and it is hoped to augment these this coming year into four centres. The classes taken by L.E.A. instructors continued at Rowton Castle for the mentally handicapped men and women from Shelton Hospital.

Duke of Edinburgh's Award.—The number of new entrants into the scheme this year was 295 boys and 240 girls. Adding these to the pupils already participating would make a grand total of over 1,900 pupils. 119 boys gained awards and 17 of these went to Buckingham Palace to receive the Gold award. 108 awards were gained by girls, 2 of whom reached the Gold stage.

Shropshire School Sports and Athletic Association.—This Association is still growing and continues to add events run under its auspices. The items administered by this Association cover sports and games at area, county, inter-county and national level. Many more pupils are now participating at national and international level. Because of the advent of these competitions it is possible for pupils from all walks of life to enter into international competition.

Physical Education.—The advent of fully equipped halls in Primary schools with suitable floors and changing accommodation has decreased the criticisms of bare footwork in these schools by practically 90%. It is pleasing to note that we are getting far fewer enquiries about this aspect of the work. A full range of physical education activities in the schools from Primary to Further, continues to increase and there are now some 56 aspects in operation within the field of physical education in which pupils and staff are taking part at present".

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, infectious diseases liable to be transmitted by contamination of the food served in the canteens, the medical examination of canteen staffs is carried out at least once a year, and new entrants to the service are examined as soon as possible and also given chest X-ray examinations. They should be examined *before* commencing employment; often the worker's services are urgently required and prior examination is not considered possible, but this is potentially dangerous practice.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on initial examination an employee is found to have a history or shows symptoms of intestinal disorder, arrangements are made for specimens of faeces, and if necessary urine, to be submitted to the Public Health Laboratory, Shrewsbury, for investigation.

The following particulars give some indications of this work during the year:

KITCHENS AND SCHOOL CANTEENS

Premises		Personnel Employed				
		Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	10	9	29	78	12	128
Self-contained Canteens	167	6	230	738	8	982
Canteens for dining only	124	—	—	225	—	225
TOTALS ..	301	15	259	1,041	20	1,335*

*In addition 617 supervisory assistants are now employed.

During 1968 a total of 1,614 examinations of canteen personnel (378 initial and 1,236 re-examinations) was carried out.

In thirteen cases it was necessary to arrange for special chest X-ray examinations and the results in all cases were satisfactory. In one case an employee was found to be suffering from Dermatitis and was suspended from duty; she has not yet been pronounced fit to resume. Chest X-ray examinations are made when the Chest Radiology Unit is in the area or can be arranged specially at the request of the Medical Officer.

This scheme has been extended to include personnel engaged in the preparation and handling of foodstuffs at the Boarding Schools and Hostels in the County.

In addition, during 1968, Medical Officers carried out a total of 66 medical examinations of kitchen staff employed in Welfare Homes in the County.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

In 1954 School Medical Officers completed comprehensive inspection reports on all the school premises in the county, making notes on the sanitary arrangements, water supply, washing accommodation, canteens, heating, lighting and ventilation. On the occasion of each annual routine medical inspection the premises are re-inspected and matters which require attention or investigation are referred to the Chief Education Officer with a view to their being dealt with by the Education Works Committee.

GENERAL

Meals.—School canteen meals are available at 1/6d. per head (free in necessitous cases) for one hundred per cent of children attending school; 80.3 per cent were having school dinners at a census taken in September, 1968; in September, 1967, the figure was 81.9 per cent.

Milk.—Milk is supplied free of charge in all Primary maintained schools and a census taken in September, 1968, showed that 86.1 per cent of the children attending Primary maintained schools were drinking it.

Quality of Milk Supplies.—As far as possible only Pasteurised Milks are supplied; of a total of 235 departments in Primary maintained schools, 234 had pasteurised supplies and 1 an untreated supply in 1968.

Investigation of Milk Supplies.—The County Public Health Inspectors are responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on milk from each supplier at regular intervals.

The table below gives the results of the examination of samples taken during 1968:

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory*	Void†	Satisfactory	Unsatisfactory
Pasteurised ..	154	140	7	7	154	—
Untreated	4	4	—	—	—	—
TOTAL ..	158	144	7	7	154	—

*In the cases of the samples failing the Methylene Blue Test "on delivery" samples were obtained and warning letters were sent to the Dealers concerned.

†Methylene Blue Tests are declared void when the atmospheric shade temperature exceeds 65°F. during storage in the laboratory.

Medical Examination of Prospective Teachers.—During 1968, the medical staff of the School Health Service examined 385 candidates for entry to the teaching profession.

STATISTICAL TABLES

(i.e. as submitted to the Department of Education and Science on Form 8.M)

TABLE I (A) PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of pupils inspected (nutrition)		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-satisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1964 and later ..	6	6	—	—	—	—
1963	1,440	1,440	—	9	49	58
1962	2,669	2,669	—	35	81	108
1961	968	968	—	18	32	45
1960	280	280	—	6	9	15
1959	143	143	—	5	2	7
1958	114	114	—	1	5	6
1957	140	140	—	5	11	14
1956	1,370	1,370	—	34	35	68
1955	1,047	1,047	—	18	41	57
1954	1,260	1,260	—	33	51	83
1953 and earlier ..	2,209	2,209	—	81	95	168
TOTAL ..	11,646*	11,646	—	245	411	629

*473 pupils were not selected for routine examination in 11 year age group.

NOTE: (i) Routine medical examinations are normally carried out on entry to school, at 11 years of age and again at 14 years.

(ii) Columns 5, 6 and 7 relate to individual pupils and not to defects. Consequently the total in column (7) is not necessarily the sum of columns (5) and (6).

(B) OTHER INSPECTIONS

Special Inspections	1,598
Re-inspections	9,731
	11,329*

*In addition to those inspected a total of 3,206 pupils in 7 year old group were given Vision tests. Of this total, 166 were recommended for treatment and 215 for observation.

Also approximately 1,000 visits per annum are made by School Medical Officers to the homes of handicapped pupils for special examination, re-examination and parent guidance purposes, etc.

(C) INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	90,403
(2) Total number of individual pupils found to be infested	659
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	23
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	3

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1968
PERIODIC AND SPECIAL INSPECTIONS

TABLE II

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total		Special inspections	
		Requiring:		Requiring:		Requiring:		Requiring:		Requiring:	
		Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	16	150	64	103	32	139	112	392	4	19
5	Eyes (*a*) Vision	44	701	114	599	87	587	245	1,887	35	114
	(*b*) Squint	26	125	9	29	7	68	42	222	14	28
	(*c*) Other	1	18	—	18	4	27	5	63	—	5
6	Ears (*a*) Hearing	13	246	4	64	7	176	24	486	25	89
	(*b*) Otitis Media	3	168	2	37	6	97	11	302	1	24
	(*c*) Other	—	30	4	13	1	33	5	76	1	6
7	Nose or Throat	23	427	17	62	20	242	60	731	8	86
8	Speech	14	96	2	11	7	36	23	143	16	34
9	Lymphatic Glands	10	198	4	20	3	79	17	297	3	32
10	Heart	2	66	2	32	3	52	7	150	—	11
11	Lungs	7	122	3	66	4	94	14	282	2	21
12	Development:										
	(*a*) Hernia	2	21	—	3	2	12	4	36	—	3
	(*b*) Other	3	97	5	30	6	120	14	247	4	21
13	Orthopaedic:										
	(*a*) Posture	2	36	3	23	1	47	6	106	—	12
	(*b*) Feet	6	144	17	126	23	152	46	422	7	35
	(*c*) Other	9	107	10	68	4	62	23	237	—	23
14	Nervous System:										
	(*a*) Epilepsy	—	19	3	11	1	13	4	43	1	5
	(*b*) Other	—	20	1	15	—	27	1	62	—	11
15	Psychological:										
	(*a*) Development	1	45	1	30	2	80	4	155	13	102
	(*b*) Stability	2	101	2	30	4	82	8	213	1	75
16	Abdomen	3	53	2	22	2	58	7	133	2	13
17	Other	3	37	15	74	10	80	28	191	8	22

TABLE III

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	43
Errors of refraction (including squint)	4,852
TOTAL	4,895
Number of pupils for whom spectacles were prescribed	4,721

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment:	
(*a*) for diseases of the ear	20
(*b*) for adenoids and chronic tonsillitis ..	407
(*c*) for other nose and throat conditions ..	42
Received other forms of treatment	17
TOTAL ..	486
Total number of pupils in schools who are known to have been provided with hearing aids: (*a*) in 1968	33
(*b*) in previous years	135

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	147
Number of pupils treated at school for postural defects	—
TOTAL ..	147

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part C of Table I)

	Number of defects treated or under treatment during year
Ringworm: (i) Scalp	1
(ii) Body	9
Scabies	52
Impetigo	22
Other skin diseases	34
TOTAL ..	118

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	820

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	865

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(*a*) Miscellaneous Minor Ailments	99
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	14
(*c*) Pupils who received B.C.G. Vaccination ..	3,058
(*d*) Other treatment given:	
Appendicitis	6
Arthritis	1
Asthma	17
Bronchitis	8
Cardiac Conditions	14
Diabetes	13
Epilepsy	8
Hernia	7
Meningitis	4
Nephritis	7
Pneumonia	2
Rheumatism / Rheumatic Fever	4
Tubercular Conditions	16*
Miscellaneous	234
TOTAL (*a*) — (*d*) ..	3,512

*Of this total 13 were attendances at Chest Clinic for "check up"